

CHEMIST & DRUGGIST

The newsweekly for pharmacy

May 1, 1993

HC 45 NUROFEN CREAM E45 NYLAX RUSKS FARLEY'S BABY MILKS EYE DEW

CROOKES
Healthcare

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HC 45 NUROFEN CREAM E45 NYLAX RUSKS FARLEY'S BABY MILKS EYE DEW

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to go after '94
pay deal?**

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TIMERS FAREX PR SPRAY OPTREX KARVOL STREPSILS SWEETEX COMPLAN FEMFRESH DEQUACAIN ASILONE

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Fybogel Orange as never experienced before

We have to admit it, when we got the taste-test results we were amazed. We had expected there to be some improvement, but not quite this much.

The taste-tests revealed that new formulation Fybogel Orange was not only the best-liked flavoured fibre product for fruitiness, aftertaste and drinkability, but also the best-liked flavoured fibre product overall.¹

Needless to say we're delighted with the improvements and we expect your customers will be too. And, of course, you can still rely on Fybogel Orange to keep your customers regular customers.

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colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Euro 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1 Market Research Report, R&C Report No. 9293, Data on file, 1992.

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Comment

This week *Chemist & Druggist* interviews Department of Health under secretary Melvyn Jeremiah and the Pharmaceutical Services Negotiating Committee chairman David Sharpe. Contractors will be able to judge their respective positions on pharmacy remuneration. Mr Sharpe rightly points out that in the DoH/PSNC negotiating duel the Department has the priceless advantage of the right of pay imposition, but if Mr Jeremiah's gun is the only one with bullets in the chamber, then his aim appears to be accurate and he doesn't seem to waste his ammunition.

This week we report PSNC secretary Stephen Axon (p828) accusing the pharmaceutical Press of being the Trojan Horse that led the DoH to propose a 2,000 script a month threshold for the professional allowance, rather than PSNC's own dealings. While David Sharpe revealed in March that the DoH "informally" agreed to a 1,000 limit in November, Melvyn Jeremiah has another story. He says it was PSNC that proposed the 1,000 threshold in September, and that the DoH did not respond until March when the pay offer was made. It seems that PSNC not only introduced the Trojan Horse, but rode it in at the gallop!

There is some solace in Mr Jeremiah's words. The DoH

no longer appears to be holding its pistol to pharmacy's head — it is still negotiating. Nevertheless, it still holds all the shots. The good news is that the Department appears ready to exhaust the negotiating process before resorting to its powers of "determination" or pay imposition. The bad news is that Government is set on letting market forces have free rein in pharmacy in the name of economy, ignoring the long-term impact for short-term "gains".

On the face of it, Mr Jeremiah's "beefing up" of the Essential Small Pharmacy Scheme, and "butting it up" to the professional allowance threshold, should go some way towards helping contractors financially punished simply for doing a smallish number of prescriptions. Evidently Mr Jeremiah is backing the best of British pharmacy and wants more of it, but the Department must directly reward any contractor for performing essential services. It should be immaterial whether size and place qualifies them as "essentially small", or that their script volume puts a professional allowance their way. There are many small, independents who are pharmacy professionalism personified. It would be a backward step if they disappeared in the rush to balance the Treasury books this year or next.

PSNC more optimistic but not complacent

"I am becoming more and more optimistic that, as a result of PSNC pressure, the Department of Health will revise its unacceptable proposals."

That is the upbeat message from PSNC chairman David Sharpe in his letter to contractors in England and Wales. But, he warns, the profession should not become complacent and should step up the pressure in the run up to the next meeting with the DoH on May 6.

The letter accompanies PSNC's "health warning" poster (below) which pharmacists are being asked to display prominently in their windows. The wording for a petition is also included and the Committee asks that any names collected over the next three weeks be sent to their offices in Aylesbury.

PSNC also wishes to gather



HEALTH WARNING

Local NHS pharmacy services are under threat from new government proposals.

Support your local pharmacy



information from contractors on the importance of their NHS turnover to their total turnover, and those pharmacists who dispense less than 2,000 scripts in any month are to be asked to fill in a special survey form. These figures, treated in confidence, will be used to add weight to negotiations with the DoH, says PSNC.

In taking the unusual step of writing personally to all contractors, Mr Sharpe describes the current situation as "one of the most traumatic times for the profession".

To the same end, the lobbying of politicians is being urged by the National Pharmaceutical Association. In a special edition of the "Pink Supplement", the NPA sets out six samples which can be used to draft letters to MPs in both Government and Opposition parties.

"What is being proposed by the

Government is the wanton dumping of many NPA members, simply and ruthlessly by cutting their remuneration, without justification, below the threshold of viability," says the Association.

Members are being urged to write to their MPs, and directly to Virginia Bottomley and Dr Brian Mawhinney at the DoH.

Members are also advised how

to go and see their MP at a weekend surgery but warned that before they do so they should make sure they have all their facts accurately and logically marshalled.

• Help in writing to MPs is also being offered by the Oshwal Pharmacy Group. They have organised an evening meeting on May 6 at which such letters can be

composed. Pharmacy Support Group chairman Hemant Patel and Barnet LPC chairman Adrian Korsner will be guest speakers.

The venue is the Belmont Community Hall, Kenton Lane, Belmont Circle, Harrow, from 8pm. All contractors are welcome and anyone wanting more details should contact the organiser Veni Harania on 071-379 6666.

EC Labelling Directive 'could lead to tragedy'

Patients' health will be put at risk if guidelines in the EC Directive on medical product labelling become law, the Plain English Campaign has warned.

The guidelines insist upon complex and unclear wording for labelling OTC medicines and this could lead to tragedy, the PEC claims. Their concern is supported by the Proprietary Association of Great Britain.

Both organisations lobbied the European Parliament three years ago for instructions on use and special warnings to be incorporated in the Directive. However, they say they are disappointed with guidelines for how it will be implemented.

PEC director Chrissie Maher says that despite their efforts, the form of words show an "appalling disregard for the reader".

"People who find the ambiguous wording confusing may well use medical products wrongly, possibly with serious consequences," she adds.

Typical of the wording is the

warning: "This medicine contains phenacetin and a pyrazole derivative. It may result in allergies (suspend treatment in that case) or renal damage. Do not exceed the prescribed or recommended doses or prolong the treatment. If symptoms persist, consult your doctor."

Ms Maher questions the need for technical details which may confuse and the use of terms like "renal failure" or "prolong the treatment". She says that surveys have shown that a third of adults have problems with words like symptoms, persist and exceed.

The PAGB public affairs manager Gopa Mitra says that although the Association advised that warnings or directions should be in a language that most lay people can understand, the guideline list of warnings is not in plain English.

"Our main lobbying objective was to establish the principle that people need clear instructions to help them choose and use medicine themselves," she says.

Poet helps with DUMP publicity

Pharmacists publicising DUMP campaigns can call on celebrity backing to help inform the public of the dangers of unwanted medicines in the home.

Humorous poet Pam Ayres has recorded a poem about taking old medicines to the pharmacist, and a tape of the reading is now available for DUMP organisers to use on local radio interviews.

During the recording Ms Ayres says she wrote her poem after her son tried to clean his teeth with skin ointment. She then reads the poem entitled "Dump it!"

The tape, which is available free from the public relations department at the Royal Pharmaceutical Society, can be used alone or as part of an interview with a local pharmacist. It comes with a cue sheet for the radio presenter.

• "Dump it!" is included in a collection of poems called "Pam Ayres — The works" (£4.99) published by BBC Books.

Students warned against late entry for pre-reg exam

The latitude for accepting late applications from students for the registration exam will be severely limited, warns Robert Dewdney, head of the Royal Pharmaceutical Society Education Division.

Years of experience have shown that a significant proportion of pre-registration graduates cannot be relied upon to fill in forms properly and submit them on time, says Dr Dewdney.

The in-house procedure previously used for registration allowed for "lapses" and the trainees would usually be able to register when they wished even if there was an error in the registration documents. This will not be the case this time.

The Society is working with an outside contractor (a consortium of the University of London School of Pharmacy and the University of London Examinations and Assessment Council) on the registration exam. They will have an obligation to inform the contractor of the allowed

candidates for the examination in good time for final arrangements to be made.

The last date for entries to be accepted for the examination on July 5 will be May 21. Each candidate should submit:

- a 39-week tutor appraisal
- a correctly completed examination entry form
- two passport-size photographs endorsed by the tutor
- a cheque for £63 made payable to the RPSGB.

The entry should be made in advance of the closing date to allow time for any deficiencies to be corrected before the final date, says the Society.

European links in continuing education

Community pharmacists in Europe undergo an average 20 hours a year of postgraduate training, but in most countries less than half the pharmacists participate.

These are among the findings of a survey carried out by Jean-Luc Bury, a pharmacist and consultant to the Council of Europe, in an attempt to identify areas in which European links could be established in pharmacy postgraduate education.

He sent questionnaires to 270 professional bodies and others responsible for pharmacist training in the 25 member states, and received 60 replies — from

all the countries except Greece, Hungary, San Marino and Turkey.

Postgraduate education is compulsory in only two countries — Germany, where pharmacists must undergo a fixed number of hours and take an examination, and Italy where pharmacists must attend ten hours of courses but take no exam.

In a report published last week, "The Further Training of Community Pharmacists" (HMSO £3), M. Bury suggests setting up a "European observatory of permanent education and training for community pharmacists."

DoH should withdraw letter to PSNC and start again

The Department of Health should withdraw the letter that was sent to the Pharmaceutical Services

Negotiating Committee and start again with discussions leading to the best use of pharmaceutical resources.

That was the message from the Royal Pharmaceutical Society's president David Coleman who addressed the annual dinner of Avon LPC in Bristol on April 24.

"The current attitude of the Department of Health seems to almost defy reason," he said. Quoting past words of support from Virginia Bottomley and her predecessor, he added that all these fine words would come to nothing if current thinking led to a situation where areas were deprived of a pharmaceutical service or a lack of choice of pharmacy.

"The concept that, in the Department's view, pharmacies dispensing less than 2,000 per month do not make a demonstrable contribution really is quite outrageous," Mr Coleman continued.

"If it is a snowy February next year and my script figures fall, does it mean I cease to make a demonstrable contribution? Or suppose the doctors decide to increase the period of treatment to say three months, does that mean my contribution falls?"

He also drew attention to the wording of the Department's letter to PSNC. "Initially" was used in respect of the threshold, he said, with the implication that if it were set at 1,000 it would gradually move up to 2,000 a month or even 3,000.

The president said that while he was in favour of adding in continuing education, he asked if the introduction of such additional remuneration criteria meant that only pharmacies dispensing over 2,000 scripts a month will qualify for an

allowance for continuing education, an idea he described as preposterous.

Wearing his hat as chairman of PSNC's Rural Pharmacy Standing Committee, Mr Coleman said that the myth that doctor dispensing takes place mainly in remote, inaccessible places has been exploded. Surveys had shown that the majority of doctors' dispensaries are in the same towns or villages as pharmacies, he said.

"If all prescriptions which were written within one mile of a pharmacy were dispensed at a pharmacy, something like 60 per cent of doctor dispensing would cease."

Halcion ban to be lifted?

Upjohn have been unable to confirm or deny Press reports that the ban on Halcion is likely to be lifted.

The *British Medical Journal's* legal correspondent, Clare Dyer, wrote last week that an expert committee appointed by the Health Secretary under the Medicines Act has recommended that Halcion should be allowed back on the market in low dose tablets. The committee's recommendation, made after hearing evidence from the company, is expected to put pressure on Health Ministers to revoke the ban.

Halcion was withdrawn in the UK in October 1991 following reports that it caused psychiatric disturbances. An appeal by Upjohn was rejected by the Committee on Safety of Medicines but upheld last year by the Medicines Commission.

Brothers face allegations of dangerous dispensing

Two Newcastle pharmacists, brothers Anil and Sunil Khanna, faced an Pharmaceutical Society Statutory Committee hearing last week over two allegations of misconduct.

The first of the two incidents, both of which were alleged to have taken place in the pharmacy at 41 St. George's Terrace, Jesmond, Newcastle, related to a dangerously labelled ointment dispensed on November 9, 1991. Linked to that there is an allegation of attempts by the brothers to obstruct the Society's Law Department as to who was responsible for the labelling.

The label on Diprosalic ointment said that it was "to be dissolved in the right eye when the cough is troublesome". The 84 year old patient realised the mistake and complained to the Newcastle FHSA.

Mr Josselyn Hill, solicitor for the Society, told the Committee that attempts were made by the Law Department to find out the name of the pharmacist who produced the label. The Khanna brothers put two names forward, but both pharmacists denied that they were on duty on that day.

"Having been given wrong names before, the Law Department persistently asked who it was who put the dangerous label on the ointment. It is still not known," said Mr Hill.

Mr John Bossumworth, for the brothers, blamed the label error on a new computer and claimed

that Mr Vikas Rai was the pharmacist in charge on that day.

Mr Rai denied he was the locum pharmacist on duty and said he had no problems with the computer that printed the label. He claimed records produced by the Khannas showing he had worked that day were false.

The second allegation, which resulted in a conviction on November 1, 1991, related to two Prescription Only Medicines which were dispensed by the brothers' father, who is not a pharmacist.

On September 1, 1990, the pharmacy was asked to dispense an emergency prescription out of hours. The brothers were not present, though the police were, and it was their father who dispensed the prescription for an antibiotic and an analgesic.

"One of the police officers asked the father if he was a pharmacist. Not only did he say he was, he said that otherwise he could not dispense the script," said Mr Hill.

The brothers pleaded not guilty but were convicted and fined £100 on each count, together with £500 costs. The father was prosecuted for posing as a pharmacist but given an absolute discharge.

The Committee found there was no case to answer on the allegation of obstructing the Law Department, leaving the question of the responsibility over the label and the conviction to be answered on a date to be fixed.

'Prophet of doom' Jeremiah

With hundreds of small community pharmacies set to close under the Government cash cosh of a 2,000 script a month access threshold to the £6,000 per annum professional allowance, *C&D* interviews PSNC chairman David Sharpe and Department of Health under secretary Melvyn Jeremiah, as they prepare for battle on May 6 — their first negotiating meeting since the DoH published its infamous 1993-94 pay offer on March 12

DoH offers some light and hope for contractors

Under secretary at the Department of Health Melvyn Jeremiah told *C&D* that the new ESPS may support the opening of pharmacies deemed essential in both urban and rural areas; that the ESPS monthly script limit is likely to butt up to the qualifying level for the professional allowance, and that the control of entry regulations could be up for revision when the new pay structure is finally in place. He says the Department is *negotiating* and that nothing will be imposed until the process has been exhausted

The vigorous reaction of contractor pharmacists and of the Pharmaceutical Services Negotiating Committee to the DoH's March 12 offer has not diverted Melvyn Jeremiah's team from their determination to complete the restructuring of the pharmacy pay mechanism, but it appears to have ensured that the profession will know the final scope and structure of the professional allowance, and of the new Essential Small Pharmacy Scheme for next year, before the conclusion of the 1992-93 pay round.

When Mr Jeremiah made the Department's offer two month's ago (*C&D* March 20, p485), it left the detail of the PA and the ESPS to the 1994-95 pay negotiation, because the Government then felt unable to predict the state of the NHS purse next year. However, Mr Jeremiah says the DoH is now working on that detail, and that it will be presented to PSNC in this pay round.

Basic changes

Mr Jeremiah says he would like to reach a settlement before the Summer. "I do not want to make a determination for 1993-94 against the express wishes of the PSNC, especially because we are making such a basic change to the NHS pharmacy pay structure, if it can be avoided.

"If a Local Pharmaceutical Committee Conference rejected a deal we had made with PSNC we would examine any valid points from Conference before deciding on our next step."

Mr Jeremiah said PSNC has a "large and disparate

constituency that it had to take along with it". However, there was a need also to act collectively within Government — to clear lines of communication between departments, and to get the agreement of Ministers.

The DoH is now looking carefully at ideas for the final structure and payment of the professional allowance which Mr Jeremiah says was "not intended to be a punishment for being small". He will not have the present threshold proposal of 2,000 described as punitive.

Best practices...

The qualifying terms of the allowance will be extended to recognise best practice in respect of the additional professional care and advice pharmacists direct at customers with prescriptions, and at the GPs who write them. "This needs to be spread through as many pharmacies as possible."

Mr Jeremiah says the DoH will build on a core of Royal Pharmaceutical Society inspectors to police the extended allowance scheme on behalf of family health services authorities. FHSAs will see that the pharmacy service is carried out responsibly at local level.

"It is important for local pharmacies to respond to local needs," says Mr Jeremiah.

"There will be a local allowance for non-core services, such as needle exchange schemes, which will be administered by local FHSAs."

FHSAs will administer the ESPS: "It is not for the DoH to determine nationally what is essential locally."



Melvyn Jeremiah, under secretary at the DoH, is interviewed by *C&D*'s Editor John Skelton at the Department on Monday

Ministers will consider closely the future of control of entry to the pharmacy contract when the restructuring of pharmacy contractors' remuneration is complete. "The Government is wedded to deregulation and competition, and control of entry sits uncomfortably with that policy. When we see the final shape of the package we will see how control of entry may be refreshed."

Mr Jeremiah blames the front-loading of the present contract for any irrational distribution of pharmacies. "Once front-loading is gone there is a strong argument for letting competitive forces get to work."

"I envisage that the top prescription band limit for the new ESPS will butt against the lower script threshold for a professional allowance," says Mr Jeremiah. "Any new entrant to the market could qualify for the ESPS, or alternatively, immediately qualify for the allowance."

If neither ESPS or allowance were applicable the pharmacist would determine whether or not to open on commercial grounds: "That might not be very attractive commercially; it would be a business decision," he says.

We do not wish to force anyone out of business nor to restrict competition in business, but it is a difficult balance to strike."

NAO and 'myths'

Mr Jeremiah claims he was misquoted recently when he described the National Audit Office report as written on the back of a cigarette packet. What he was objecting to was the extrapolation of the NAO's survey of Lancashire pharmacies

— which found one in four could close without affecting the pharmaceutical service — into Government national policy. It was not, and was now propagated as truth when it was myth, Mr Jeremiah says.

"There will be no reason why any ESPS pharmacy should find itself obliged to close. The allowance should be sufficient to support the rest."

The present ESPS was limited in scope regarding geographical coverage for pharmacy and in what it sets out to do, he says. It had to address the need for pharmacy services on urban housing estates as well as in rural areas. It did not encourage actively pharmacies to be set up.

"The ESPS needs to be beefed up so the public has good access to pharmacy services," says Mr Jeremiah. "It must not just be a form of income support, but must encourage pharmacists to start businesses."

Date, set and ..?

Mr Jeremiah welcomes the recently set up RPSGB working party on small pharmacies and says the DoH will keep in close touch with its progress. And he says he understands PSNC's wish — stated at the March 18 plenary meeting when its disagreement with the 2,000 script threshold and its refusal to debate the transitional state was registered — to define more closely the final shape of the 1994-95 package before agreeing to any 1993-94 settlement.

However, Mr Jeremiah says it was PSNC who proposed the 1,000 allowance threshold on September 3, 1992. "There was no Government response to that suggestion until March 12

n takes on 'realistic' David

when we proposed a 2,000 per month entry point."

There is no reason that the Government or taxpayers should subsidise pharmacies. Says Mr Jeremiah: "Pharmacies who are not 'essential' and who are doing less than, say, 1,000 scripts a month should expect to see income from other retail activities."

Mr Jeremiah says it is an aim of this Government to remove the on-cost principle from its service industries — defence contractors had been one

target and pharmacy had followed. "For the Government on-cost is an unacceptably flawed system of payment that has to be rooted out wherever it can be."

Front-load subsidy

Front-loading of the pharmacy contract is also seen to be subsidising those pharmacies that aren't essential. Mr Jeremiah explains it thus: "Front-loading is giving more money for work when you don't do much of it, than when

you do a lot of it."

The effect was to subsidise small pharmacies at the expense of the rather larger ones. "Front-loading can be removed by a single-tier fee."

Put alongside the ESPS, which did more or less the same thing, front-loading could be said to subsidise non-essential small pharmacies, Mr Jeremiah says.

The purpose of the professional allowance is to recognise the work that pharmacists do in parallel with the straight dispensing of NHS

scripts.

"The old remuneration package was focused on the act of dispensing. We knew there was much more to it than that," he says.

"Pharmacists see a major proportion of the general public every week. Those people very often ask for advice for minor conditions.

"That's an extremely valuable role for community pharmacists and it is right that a proportion of the remuneration package should recognise that role."

Sharpe says 1,000 is the limit

Any professional allowance threshold above 1,000 scripts a month is a 'no go' area for the PSNC chairman as he fights against an 'outrageous' DoH offer. He insists that a revised Essential Small Pharmacy Scheme should be put in place now for the 1994-95 pay year

David Sharpe is shocked and bewildered by any suggestion that he and his negotiating team are a soft touch when it comes to dealing with the Department of Health. Above all else he sees himself as a realist — someone who deals in what is possible for pharmacy, not what may be probable.

Thus he is unabashed that his pronouncement at last November's LPC conference — that contractors would only be offered the 1.5 per cent rise that is the norm for public sector pay — now is virtual reality. He says to engage in a battle on that front was a lost cause, and that time has proved him right.

However, he continues to seek an increase in pharmacy contractors' expenses commensurate with that handed out to GPs. "There is no justification for the Department increasing one element of the GP settlement — practice expenses — without giving pharmacists a similar rise.

"We will continue to fight to have pharmacy practice expenses split from the global sum increase, and to push for recognition of pharmacists' increase in productivity."

Not first threshold

Mr Sharpe also refutes the suggestion that PSNC's agreement in 1992-93 to link the payment of a professional allowance to a prescription volume threshold was a pharmacy first. The present ESPS comes into play when a pharmacy dispenses fewer than 500 scripts a month, but cannot benefit a pharmacy which dispenses less than 1,800 a year.

Mr Sharpe says the DoH is determined to move away from front-loading to benefit small pharmacies, other than those deemed essential, and that it is wedded to the notion of a Professional Allowance. He also insists that pharmacists have gone along with the concept of an allowance, with the



PSNC chairman David Sharpe

widening of roles and with the principles behind the Joint Working Party Report.

"We have been moving slowly towards their implementation because of pressure from PSNC. What I cannot allow for is the irresponsible attitude of the Treasury to remuneration."

It is recognised by both parties that manipulative skills of dispensing have vanished and that different skills are needed now. One of the most important of these is the advice associated with the dispensing of medicines, says Mr Sharpe.

Advantage DoH!

As far as Mr Sharpe is concerned the DoH has only one advantage when it comes to negotiating skills: the Health Secretary can impose a settlement on NHS pharmacy contractors. "I reject and resent any suggestion that PSNC's negotiating skills, deviousness, intelligence and training are not as good as theirs!"

Since last November PSNC believed it had the tacit agreement of the DoH to an allowance threshold of 1,000 items a month. Mr Sharpe says

that while he deeply regrets the disadvantage that placed on the 450 or so contractors in that band, it has always been impossible to negotiate a settlement that "satisfies 100 per cent of contractors 100 per cent of the time".

Coupled with that he says the DoH had agreed to renegotiate the ESPS to take in those pharmacies seen as essential.

"The DoH reneged on the 1,000 script informal agreement in their formal pay offer. After 15 years experience of negotiating with the DoH I was as surprised as anyone to get the outrageous offer of a 2,000 threshold for the practice allowance."

'Not defeatist'

While Mr Sharpe is unaware of any other solution from within the profession to the current pay impasse — other than to continue to negotiate or to reject the new pay offer and stick with the *status quo* — he says he will consider practical suggestions. "I'm not defeatist but outright rejection will mean imposition.

"We want to harness the frustration and anger of groups such as the Pharmacy Support Group. They are doing a valid job locally by bringing to the attention of MPs, FHSAs and other groups all their concerns; concerns recognised by PSNC."

Mr Sharpe says PSNC is still pushing the Department to remove the dispensing option from all GPs but says that it will take a courageous Health Secretary to introduce this measure, and probably one in a Government with a larger majority.

The Government's own figures show that a move to all-pharmacy dispensing would save tens of millions of pounds, Mr Sharpe says. "The first move will be to change the GP fee structure and on-cost to make dispensing no longer so profitable, then it will be less attractive for newcomers.

"It isn't the patients that doctors have at heart when they dispense, but their own pockets."

Back to the future?

Mr Sharpe is optimistic that the DoH will settle the terms of the new ESPS for next year as they settle the pay and practice allowance bands for 1992-93.

He says that while it is reasonable to shift £900,000 of the global sum from small to larger contractors as accepted in last November's informal agreement (which would have made 300 pharmacies ineligible for the £3,000 PA), the £16m switch represented by the present offer is not. (Some 2,700 will then be ineligible).

Mr Sharpe says he has refused to discuss DoH models for thresholds other than the 1,000 one, when they have been presented since at negotiations.

When asked to comment on Melvyn Jeremiah's BAPW comment that the DoH had no hidden agenda, the words rational location do not exactly fall from Mr Sharpe's lips. When pressed he will admit that pharmacy and DoH want pharmacies to be rationally located but he cannot contemplate a set of criteria that could be agreed on by the profession to bring this about.

Whatever the criteria, the end result would be the closure of some pharmacies, Mr Sharpe believes. "Acceptable criteria could not be implemented locally without 98 different decisions resulting."

The key thing will be that under any new ESPS a pharmacy can open to meet patient needs, Mr Sharpe says.

"We hope the DoH will see sense. I believe that all pharmacies make the 'demonstrable contribution' to the provision of NHS pharmaceutical services required by the Department. We will continue to negotiate for the 1,000 practice allowance threshold."



A toe in the water

According to *The European*, that elusive elixir of life, so enthusiastically but vainly sought for centuries by various mystics, has been all around us for centuries without any but the privileged few realising its magical powers.

Next time, however, I am asked what I recommend to tame that headstrong lad and his natural desires, I must resist the temptation to quote my old granny and suggest a nice cold bath. Her advice, apparently, could not have been more inaccurate and she had six healthy children to prove it!

A scoop, an exclusive of tabloid proportions but of quality and importance, has come the way of *The European*. After reading the first instalment I have to say I am impressed because the source, Professor Vijay Kakkar, director of the Thrombosis Research Unit, King's College, London, is impeccable.

The technique is termed thermo-regulatory hydrotherapy (TRHT) and involves daily slow immersion in a bath of cold water which, by feedback stimulation of the thyroid via hypothalamic control, stimulates and improves the circulatory, hormonal and immune systems.

As an alternative to our present pampered existence I

can see few people, except dedicated masochists, prepared to subordinate themselves to the discomfort of a daily cold bath, but if true — and the research data to date is promising — here may be a genuine way of improving our long term health for very little resource implication, but a hell of a lot of courage!

What a crashing bore!

Last Saturday morning my computer crashed. If something is going to go wrong it will do so at the most awkward time — Murphy's law and all that. This was no exception and there was only an answerphone to help me when I rang the service engineer. Fortunately I had kept back my old labelling system for just such an emergency, and after 15 frantic minutes it manfully produced its labels as if the intervening years had never existed.

The lesson from this sad tale is that while my emergency back up worked — hooray! — there was also the immediate realisation of how helpless I felt without my sophisticated and familiar PMR programme. I was like a duck out of water, constantly finding myself unable to answer even the most simple of queries, my checking procedures non-existent, and suffering above all from the frustrations of a job, professionally, only half done.

To compound the problem, and contrary to what I had previously believed, my patients also noticed the difference because many times I was asked questions which I was expected to answer and would previously have done so with ease. Those patients had also quickly become familiar with my improved ability to monitor and advise on their medication and they were actively making use of that facility.

A system that only two years ago I viewed with suspicion, as

an expensive toy, had proved its worth by default in one traumatic Saturday morning!

Why should the Pill be prescribable?

The suggestion that pensioners should make a contribution to their drug costs seems to be gaining credence with two separate predictions, one from Stewart Siddall, president of the Association of the British Pharmaceutical Industry, and this reinforced by a reported similar suggestion from a group of right wing Tory MP's in the *Mail on Sunday* (C&D April 24 pp 786,748).

I would strongly object to pensioners, who have made a lifetime's contribution to the NHS, through their national insurance contributions, being required to pay even a nominal charge. In fact, ideally I am opposed to all of the present methods of charging patients for the use of NHS services. Nevertheless, if the imposition of these charges is accepted as a political fact of life, I have never totally understood why oral contraceptives, in particular, are provided totally free by the NHS.

The legal requirement of a prescription means an obligatory visit to the doctor and that visit is paid for by the NHS over and above the doctor's normal remuneration. This acceptance of social reasons for contraceptive prescribing has been translated into the necessity for free supplies to encourage population control, a logic to which I have never subscribed. Condoms are not freely available via GPs, so why should oral, and other contraceptives, be treated differently from any other prescription.

I would go one stage further and suggest that since contraception is far more a social than medical problem, it should be treated as such and we should revert to the original system of private prescriptions for all unless income support is being received when they could be supplied free of charge on a specially designed FP10(OC), and paid for out of the social security budget.

Northern Ireland Notebook

Prescription for effective collaboration

Government pressure is being maintained to reduce the drugs bill and GPs, with promises of financial favours, are being gently squeezed into assisting. The benefits are too great to ignore and action is being taken by most practices to curb wasteful prescribing — steps which I fully support.

The present prescribing initiatives have brought new life to the weary drug formulary. Developed many years ago as an aid to rational prescribing, every hospital has its own formulary and many still do. GP practices often adopted them before the introduction of the BNF.

Now we are seeing a number of regional formularies targeted at GPs and the "practice formulary" of the Northern Ireland Faculty of the Royal College of General Practitioners has received widespread acclaim.

A practice formulary should be a personal thing

Congratulations are due to Professor Reilly and colleagues for their efforts. Not wishing to appear critical, however, I have difficulty seeing where the formulary will fit in, since it is only a formulary for the professor's own practice in Belfast. For other practices, it is no different to the BNF. Indeed, it is not free standing. For child doses, for example, it is necessary to consult BNF.

A practice formulary should be a personal thing. GPs, like most community pharmacists, are fiercely independent and more likely to comply with a formulary that they have developed rather than with an "off the shelf" version.

Developing a formulary would not be difficult and local pharmacists would be ideal consultants. Apart from aiding rational and cost-effective prescribing, involving the pharmacist would create the collaboration between the two professions which has been talked about for so long.

Money to pay the pharmacist could be found within the GPs' continuing education payments or drug company sponsorship. Local practice formulary development involving us would be educational for the GP, would demonstrate how useful the pharmacist is and reduce spending on unnecessary drugs. Written by a Northern Ireland community pharmacist

Topical REFLECTIONS

As a new school term begins...

THE HEADLICE PRODUCT FOR PEOPLE WHO DON'T WANT HEADLICE

Just think about it. Across the country there are thousands and thousands of families who don't have headlice. And now that you stock New Rappell, the unique headlouse repellent, they are all potential customers. Because the new school term signals the start of another headlice season and there's no better way for your customers to protect their family.



AND FOR
PEOPLE WHO
HAVE
HEADLICE

New Rappell can also be recommended for use following a headlice clearing treatment – thus doubling your profit opportunity.

RAPPELL

Rappell is a registered trademark.

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A SPRAY A DAY KEEPS HEADLICE AWAY

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PARIS

L'ORÉAL
ELSÈVE
CARE MOUSSE
NON-RINSE CONDITIONER
INSTANT DETANGLING
AND LIGHTNESS

NON
RINSE



REPAIRS AND REVITALISES
DAMAGED OR DRY HAIR

L'ORÉAL CREATES

THE NEW GENERATION OF CONDITIONERS ELSÈVE

The First
CARE MOUSSE
NON-RINSE CONDITIONER



The Breakthrough In Care

A revolutionary light mousse texture that will transform daily haircare. Rich in conditioning ingredients, **Elsève** is designed to 'melt' into hair for instant detangling, instant conditioning – without the rinse. To leave hair with *more softness, more lightness and more shine* than ever before.



The Breakthrough In Ease of Use

NO NEED TO RINSE. In one simple step, after every shampoo, hair is instantly conditioned. So, it's quick and easy to use, everyday. For instantly beautiful hair – without the rinse.



The Biggest Conditioner Launch

- **£5 million media spend** – the biggest ever conditioner launch.
- 5 variants: Massoïa, Protein, Elastin, Jojoba, Ginkgo – 150ml and 60ml.
- To place orders, please telephone: 071-938 5899.

ELSÈVE
L'ORÉAL

Spray relief for anal pain

Perinal Spray, from Dermal Laboratories, is a new aqueous spray which relieves the symptoms of anal itching or pain such as that associated with haemorrhoids.

The POM spray combines the local anti-inflammatory and anti-pruritic properties of hydrocortisone with the analgesic effect of lignocaine. It can be sprayed onto the area without the

fingers touching the site which reduces the risk of cross-infection and helps break the itch-scratch cycle of pruritus ani.

The recommended dosage is two sprays over the affected area up to three times daily depending on the severity of the condition.

The company warns that the spray is intended for use for limited periods and should not be used continuously for more than

one to two weeks. Its use is not normally recommended in children under 14 years of age. There is inadequate evidence of its safety in human pregnancy.

Perinal Spray is available in a 30ml metered-dose pump spray (£6.47) which can be operated when held in any position. It is not an aerosol and does not contain irritant propellants. **Dermal Laboratories. Tel: 0462 458866.**

Medical Matters

Manoplax 100mg withdrawn

Stocks of Manoplax 100mg are being withdrawn and The Boots Co are advising prescribers to reduce the daily dosage of Manoplax (flosequinan) to below 100mg and to initiate new patients with a 50mg dose.

Preliminary results of a study being carried out in Scandinavia, Canada and the US, have shown that the one year survival rate for 942 patients receiving the daily dose of Manoplax 100mg was 73 per cent compared to 80.6 per cent in the 923 patients receiving

placebo. No such trend was seen in the group randomised to receive the 75mg dose and they will continue in the study.

The Profile study of 3,500 patients with moderate to severe heart failure began in July 1991. Its primary objective was to compare all causes of mortality in patients with congestive heart failure receiving Manoplax.

Boots estimate that between 4,000 and 4,500 patients in the UK are being treated with Manoplax, of which only 600-700

are on the 100mg strength. Despite the fact that Manoplax is primarily a hospital product, Boots have sent out 60,000 letters detailing the reason for the withdrawal to all physicians, GPs and pharmacists.

Boots say the interim results have not yet been completely analysed and it is not known whether the deaths occurred predominantly in some subset of the patient population. The company says completion of the analysis will take some weeks.

Diagnostic system exclusive to Unichem

Primetest, the first integrated system to produce an overall risk assessment of cardiovascular disease, is now available in the UK exclusively from Unichem.

The Primetest measures blood glucose and blood cholesterol from blood samples, as well as blood pressure. Other risk factors such as weight, height, smoking and amount of exercise are keyed into the system which then analyses all the risk factors to produce a single cardiovascular risk assessment figure, and then prints out the results.

It is estimated that the entire

test and advising the customer on diet and exercise should take about 15 minutes. Plasma for the test is obtained by membrane plasma separation (MPS), a patented method that eliminates the need to centrifuge the blood sample.

The Primetest Diagnostic

System costs £1,500 (lease terms are available) and is delivered equipped for 15 tests. Unichem recommend a retail price of £18.95 for the complete test. A Primetest Consumer Pack containing 75 consumer leaflets and a poster is also available. **Unichem. Tel: 081-391 2323.**



Tarivid 400

Hoechst UK and Roussel Laboratories Ltd are introducing Tarivid 400mg tablets (5, £10.50; 10, £20.95; 50, £104.70). **Hoechst UK Ltd. Tel: 081-570 7712.**

Half Sinemet CR

Du Pont Pharmaceuticals have launched Half Sinemet CR — 100mg levodopa and 25mg carbidopa in a controlled release tablet (56, £18.56). **Du Pont Pharmaceuticals. Tel: 0462 482648.**

Genotropin 36IU

Kabi are extending the range of somatotropin (rbe) with Genotropin 36IU (£274.50). **Kabi Pharmacia. Tel: 0908 661101.**

Savlon name

Savlon Hospital Concentrate is being renamed Hibicet Hospital Concentrate to reflect the separate ownership of the hospital and retail Savlon products following the sale of Savlon retail to Zyma Healthcare. **Zeneca Pharma. Tel: 0625 535999.**

Products for Forley

Forley Ltd are now responsible for the sales and marketing of: Aserbine cream and solution, Dibenzyl capsules and injection, Fentazin tablets, Fersamal tablets and syrup, Orbenin capsules and injection, Triptafen tablets and Triptafen M tablets. Distriphar will be handling all Forley distribution. **Forley Ltd. Tel: 081-665 9169.**

New size Bonefos

Bonefos is now available in a blister pack of 120 capsules (£207.85). **Boehringer Ingelheim. Tel: 0344 424600.**

New Diamox packs

Diamox tablets (100, 1000) and Diamox sodium parenteral 500mg packs are being changed to Storz branded packaging. Storz are now responsible for the sales and marketing of the Diamox range. Orders and enquiries should continue to be directed to **Lederle. Tel: 0329 224000.**

Intal Plain Spincap

Fisons are de-listing Intal Plain Spincaps x 30 which did not feature on most UK based prescribing dictionaries. **Fisons Pharmaceuticals. Tel: 0509 634000.**

Dispense Wyeth Temazepam Tablets on open scripts for temazepam

WYETH GENERICS HOTLINE 0628 414792

WYETH*
GENERICS
QUALITY ASSURED
SERVICE ASSURED

FOR FURTHER INFORMATION REFER TO DATA SHEET OR CONTACT WYETH LABORATORIES, TAPLOW, MAIDENHEAD, BERKS.

*TRADEMARK



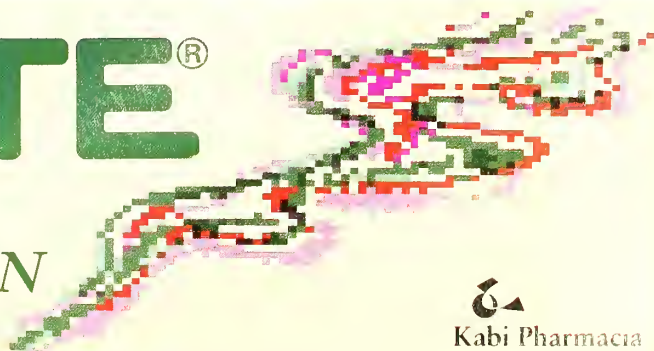
One brand clearly leads the OTC
smoking cessation market. Nicorette.*

Nicorette® is also the only brand to offer your
customers a choice of treatment – patch or gum.

Recommend the leader. Recommend Nicorette®.

NICORETTE®

*YOUR N°1 CHOICE
IN SMOKING CESSATION*




Kabi Pharmacia

Counterpoints

Colgate offer Total protection for teeth

Total is the new toothpaste from Colgate, and the company claims the launch is the biggest ever in oral hygiene history.

The toothpaste contains a new formulation which offers long-term protection against plaque. This is provided by active ingredient Tricloguard, a combination of triclosan and gantrez, a co-polymer which enhances the delivery and retention of the triclosan in plaque, saliva and soft tissue. The ingredients will prolong anti-plaque activity, reduce tartar formation, help reduce gum disease and cavities, say Colgate. In trials the product was shown to be working against plaque 12 hours after brushing.

Replacing Colgate gum protection formula, Total is targeted at the 30 per cent of consumers who are prepared to pay more for better oral care products, says chemist development manager Michael Bealing.

Total will retail at a premium to other Colgate



toothpastes, with the 50ml size retailing at £0.95. For the launch period 19ml (£0.39) trial size packs will be available, supplied in a specially designed counter unit pack. A range of point of sale material will be available.

Following a successful launch in Australia, Portugal and Greece, the UK roll-out will be supported by a £4 million spend in the first eight

months, starting with a £3m television campaign in June. This will be followed by a £500,000 poster campaign.

The endorsement of the dental profession will be sought via a £1m educational and sampling programme. Colgate are predicting a 5.2 per cent market share for the brand in the first year.

Colgate-Palmolive. Tel: 0483 302222.

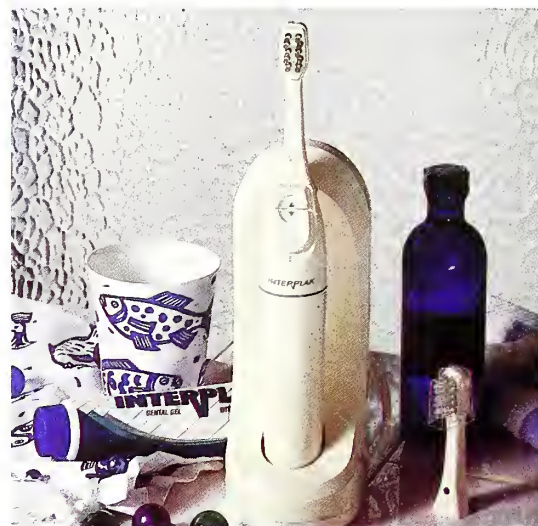
Series 300 is Interplak addition

Bausch & Lomb are adding the Interplak Series 300 to their range of home plaque removal instruments.

The new model (£79.95) features a speed selection switch to control the frequency of bristle rotation and counter rotational action. A brush head release switch has also been added.

Two interchangeable brush heads and a tube of Interplak Dental Gel are supplied with the product.

The Interplak cleans teeth nearly plaque free, and because the tufts reverse direction 46 times per minute, there is no abrasion to enamel, say **Bausch & Lomb. Tel: 081-781 2900.**



Surgical offers in May

Unichem have added 30 products to their top selling surgical lines.

This month, the company is offering 15 per cent off a £100 order, 17.5 per cent of a £200 order and 20 per cent off a £300 order.

To qualify, customers simply have to compile an order of any combination

of the 150 products.

Orders can be placed using either Prosper or the special order forms.

A free prize draw is also available in May, giving away a Mediphase System. The draw will take place at Unichem's second trade show at Alton Towers on July 11. **Unichem. Tel: 081-391 2323.**

New look for Veganin

Veganin has been repackaged, with new on-pack information highlighting its aspirin, paracetamol and codeine formulation.

The words "triple-action relief for headache and pain" are on the front of pack. **Warner-Lambert Health Care. Tel: 0703 620500.**

TV debut for Lil-lets

Lil-lets tampons are being advertised on television for the first time in a £3 million campaign running for the rest of this year.

Using the theme "they work, you play", the commercial emphasises the reliability of the tampons. The television campaign is part of a £5m support package for Lil-lets. **Smith & Nephew. Tel: 021-327 4750.**

Elegant additions

Original Additions have added three products and two accessory kits to their Elegant Touch range.

The Precision Glue Pen (£2.79) claims two advantages over other nail glue products. The locking mechanism ensures the cap cannot be twisted off inadvertently; and the cap has an improved internal thread. Salon Perfect Acrylic Nail Kit is a powder and liquid formulation that does not need to be premixed and hardens without water. The kit (£7.99) contains 24 nail tips. Quick Shine, (£2.99) a new ultra-thick buffer, completes the additions.

Original Additions have launched accessory packs of French Manicure Nail Tip Guides (£1.25 for 45 strips) and Eyelash Curler Refills (£0.99 for 5 refills). **Original Additions. Tel: 081-573 9907.**

May madness

AAH Pharmaceuticals are offering a range of promotional offers over the next two weeks.

The Vantage Baby Boomer Super Deal offers Vantage symbol group members discounts and the chance of a free outer of Vantage Nappy Cream, as well as 100 giveaway wall charts.

Symbol group members will also qualify for special discounts on vitamins and supplements. Deal A offers a 12.5 per cent discount on eight outers, with deal B rising to 15 per cent on 12 outers. Deal C offers a 17.5 discount plus a free outer of Vantage Effervescent Multivitamins.

To qualify, members also need to order at least one outer of the new Vantage own brand High Strength Garlic Tablets.

Symbol members can also gain discounts on the new Vantage Super EXL film. The company is introducing banded pack consumer specials featuring discount prices

on twinpacks of film.

In the Family Health Pick & Mix promotion, orders of ten products from the new Family Health lines will qualify for a 12.5 per cent discount.

The new lines are: Extract of Malt, Extract of Malt with Cod Liver Oil (unflavoured), and Extract of Malt with Cod Liver Oil (butterscotch flavour) in 454g and 900g sizes; Family Health Multivitamin Tablets and Multivitamins and Iron in the new 60 tablet tamper evident packs; White Petroleum Jelly; Zinc and Castor Oil Cream; Diphenhydramine Paediatric Expectorant and Adult Expectorant; Paracetamol 6+ and Paediatric Expectorant.

Senna Laxative Tablets have also been added to the Family Health range. The tablets will be available in outers of 12 packs containing 50 tablets. **AAH Ltd. Tel: 0928 717070.**

TV Support
Starts Soon!

Bee prepared for the Seldane TV hayfever blitz

SELDANE[®]

Rapid  hayfever relief.

One tablet lasts 24 hours



Avoids Drowsiness.

It's bound to be a busy
summer for Seldane, Britain's
fastest growing antihistamine.

Seldane will be featured three
times every weekday next to the
pollen reports on national, prime
breakfast-time TV *throughout*
the hayfever season.

So *bee* sure you're
ready – stock up and
display Seldane now.



SELDANE[®]



Elsève is leave-in mousse conditioner

L'Oréal are introducing Elsève Care Mousse Non-Rinse Conditioner, which they believe is a breakthrough in the UK conditioners market.

Already a brand leader on the Continent, Elsève combines polymeric conditioning agents with a light airy mousse that melts into the hair and does not need to be rinsed out. It is not a styling mousse, stress L'Oréal.

Elsève meets women's conditioning needs of "more care" and "more ease of use", say L'Oréal. Its retail price of £2.49, higher than for other standard conditioners, will add value to the £72m conditioners market, say L'Oréal.

There are five variants in the range, specific for different hair types:

- Massoia, for normal or dry hair, contains massoia oil which helps to nourish and revitalise the hair.
- Protein, for damaged or dry hair, contains glycin which binds to the surface of damaged hair. It repairs and revitalises the hair.
- Elastine, for fine or delicate hair, is formulated to give increased elasticity, volume and vitality.
- Jojoba, for medium or long hair, contains essential oils which give shine and vitality. It will not leave the hair feeling heavy and over-conditioned, say L'Oréal.
- Ginkgo, for weak or lifeless hair, restores strength and shine. It also eliminates static electricity in the hair.

All the products in the range come in 150ml cans. At launch, on June 1, they will sell at an introductory price of £1.99.

L'Oréal have produced a floor unit with an A4 sized base that holds 75 units. There are large and small window display cards.

Half a million 60ml trial packs will be produced (£0.89). In store, there will be one million 45ml free samples for consumers.

Elsève will be supported with a £5 million media spend in its first year. A Press campaign will start in August and will be followed by television advertising.

Elsève represents a real opportunity for pharmacy, believe L'Oréal. Customers will use an average of eight units a year, the company hopes. The conditioner is the first step of a long



term commitment to the brand in the UK, say

L'Oréal. Tel: 071-938 5740.

The spirit of Venice

Venezia is the new fragrance from Italian designer Laura Biagiotti, described as a merging of orient and occident aromas.

Based on the wong-shi flower, top notes include rose, jasmine and iris. Heart notes include osmanthus, ylang ylang and mango and base notes comprise vanilla, cedar and sandalwood.

The bottle is modelled on a Harlequin, reminiscent of Venetian carnival celebrations, and the cap is a miniature

Venetian dome. The outer carton design has a flaking gold leaf effect.

Venezia is available as parfum (1/4 ounce £52); eau de parfum spray (25ml £32.50); eau de toilette splash (50ml £29.50) and spray (25ml £23; 50ml £32.50; 75ml £37.50); shower gel (150ml £21.50); beauty bath (200ml £24.50); body silk (£24.50); body cream (150ml £22.50) and roll-on deodorant (50ml £12.50). Procter & Gamble Cosmetics & Fragrances. Tel: 081-568 4333.

Seringa adds young appeal to Floris

Seringa is the new women's fragrance from English house Floris and marks a new departure for the company.

Designed to appeal to younger as well as older women, Seringa is a contemporary floral. Top notes include geranium, violet, rose, bergamot, orange and mandarin. Heart notes are a blend of jasmine, tuberose, gardenia and hyacinth. The base notes are warm tones of moss, amber, balsam and moss.

Seringa is available as perfume (7.5ml decorated purse spray £20.50; refill £12.50; 15ml £29.75);

toilet water splash (50ml £14.50; 100ml £23.25; 200ml £33.75) toilet water spray (50ml £16.25; 100ml £24.95); concentrated bath essence (15ml £9.50; 30ml £15.50; 75ml £28.50); foaming bath and shower gel (200ml £7.25); body milk (200ml £7.75); dusting powder (drum with puff 200g £14.95; flask 75g £6.25); bath soap (three 150g £12.75); toilet soap (three 75g £7.75).

The new fragrance will be exclusive to the Floris Jermyn Street shop during May and June, after which it is available to other outlets. J. Floris Ltd. Tel: 071-930 2885.



Vichy offers

Vichy have made a number of improvements to existing products and are

offering price promotions.

Anti-Stretch Mark Massage Cream replaces Anti-Stretch Mark Cream. The formulation has been enriched with centella asiatica and a silicium derivative. The 125ml tube retails at £9.95.

Lift Effet Lumiere Instant Beauty Fluid (15ml £9.95) replaces Sudden Beauty. The formulation now includes light diffusing ingredients.

During May and June Hydra Velours body milk 300ml will be on offer for the price of the 200ml size at £8.25.

From May until August Vichy's Moisturising Self Tanning Care will be on special offer at £6.95. A merchandising holding four tubes is available.

Also on price promotion through May and June is Temporalia Anti-Time Day Care cream, which will retail at £14.50 instead of £18 for a pot. Shelf-edgers highlighting the offer are available. Cosmetique Active. Tel: 0235 526747.

J&J add soap-free skincare range

Johnson's pH5.5 is a new range of soap-free skincare and haircare products, suitable for all skin types.

As the name suggests, all products have a pH of 5.5, matching that of skin. The launch follows a successful test market in the Border region, where

the range was popular in the pharmacy sector.

The range comprises: facial wash (£3.19), liquid soap (£1.99), bath foam (£1.99), shower gel (£2.29), shampoo (£1.79), moisturiser (£4.79), cleansing bar (£2.49).

The launch is being

supported by a £4 million spend, including television advertising from this month, sampling of the facial wash and PR activity. Point of sale material specially developed for pharmacy is available.

Johnson & Johnson Ltd. Tel: 0628 822222.





The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate



No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing or complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** Corsodyl Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. **Legal Category P** Date of last revision March 1993. *Source: Milpro Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.

SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.

Lanes Fish Factor

Lanes have launched a new fish oil supplement fortified with anti-oxidants called Fish Factor.

The supplement contains fish oils high in Omega 3 fatty acids, EPA and DHA as well as anti-oxidant vitamins A, C and E and beta carotene.

Available in packs of 60 capsules with an rrp of £4.50, Fish Factor is available to the trade at a price of £14.94 for six. **G R Lane Health Products Ltd.**
Tel: 0452 524012.



Vetchem pet offers

With National Pet Week running from May 1-9, Vetchem have a number of initiatives to offer pharmacists.

A promotional pack holding Otodex ear drops, skin cream, insecticidal and medicated shampoos is now available.

Following the EC Directive which will make vaccination of racing pigeons compulsory, Colomovac PMV has been granted P status. **Vetchem.**
Tel: 0727 832161.

Weleda offers

Results from a recent *Daily Telegraph* survey on complementary therapies revealed that 53 per cent of readers had tried homeopathy. Some 67 per cent however were not aware that GPs could refer patients for alternative therapies under the NHS.

Weleda are currently offering a starter kit, containing their top ten homeopathic remedies, at a discounted trade price of £43 (rrp £94.50). The starter kit comprises of Aconite, Bryonia, Nat. mur., Pulsatilla, Silica,

Arnica, Gelsemium, Nux. vom., Rhus tox. and Sulphur, all at a 6c potency.

Weleda are offering three for two on their full range of homeopathic remedies in July. For the price of two remedies from either Weleda's 6c or 30c ranges you will get a special outer of three packs, representing a POR of over 60 per cent.

Training days are being offered by Weleda with the next available date being October 10. **Weleda. Tel: 0602 309319.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Anadin Extra:	All areas
Andrews Antacid:	All areas except U, CTV
Askit capsules and powder:	STV, G
Farley's babyfoods:	All areas
Hofels garlic pearles:	G, TT, Y
Nicotinell patch:	All areas
Oxy:	All areas
Pears Pure Body Care:	All areas except U, CTV, LWT
Plax:	All areas
Radox Herbal Bath:	Y, A, LWT, M, C
Rennie:	STV, B, C, C4
Remegel	All areas
Soft & Gentle:	All areas except U, HTV, CTV, W, CAR
Widsom Reflex:	GMTV, C4
Wrigley's Extra and Orbit:	All areas

Free plastic sheets

Roche will be including a free plastic undersheet with every Kylie Absorbent bed sheet sold from May 1. This offer applies to the standard and lightweight

Kylie Absorbent bed sheets.

The free plastic sheet will be included in each pack. **Roche Products Ltd.**
Tel: 0707 328128.

"Weleda's homoeopathic medicines - they definitely bring people into the shop."

Chris Gifkins M.R. Pharm. S.



Weleda offer:

- The widest range of OTC homoeopathics in the UK
- Comprehensive range of 26 indicated natural medicines.
- Full range of Pharmacy Only products and pharmaceutical specialities.
- Full range of Weleda toiletries.
- Regular training for pharmacists and pharmacy assistants.

Generous POR on all products.

For full details, please call: **0602 309319** and ask for Tele-sales.
Or fax your order: **0602 440349.**

WELEDA

Harnessing the Power of Nature for Health

Weleda (UK) Limited, Heanor Road, Ilkeston, Derbyshire DE7 8DR

PROFITABLE OPPORTUNITIES IN PET MEDICINES FROM VETCHEM

With National Pet Week due 3rd - 9th May, Vetchem promotions provide an ideal opportunity to stock up on a wide range of pet medicines prior to the major season for wormers, flea products, and pigeon vaccines.

Vetchem are wholesalers to pharmacists by pharmacists for all pet and animal medicines. For further information contact your nearest Vetchem member.

Walter Davidson & Sons Ltd - Perthshire
Telephone: 0250 874486 Ansaphone: 0250 874487

Wm. Murray Veterinary Chemist - Dumfries
Telephone: 0387 67414

Harold Jobson & Partners Ltd - Cumbria Ansaphone: 0228 791230
Telephone: 0228 791230

Robert J Goff (Chemists) Ltd - North Yorks
Telephone: 0845 523173

Brian G Spencer Ltd. - Staffs
Telephone: 0549 255151 Ansaphone: 0543 255151

Giles & Glover - Dorset
Telephone: 0425 274391

R M Jones - Hereford
Telephone: 0497 820410 Ansaphone: 0497 820500



VETCHEM

Promoting Animal Health through Pharmacy

New **mum**

SET TO TURN THE DEODORANT MARKET
ON ITS HEAD



£2m National TV Spend

— Breaks in May –
reaches 85% of women

MUM, the brand leading female roll-on,
is now set to take on the massive
£165m aerosol sector, with the launch
of MUM Body Responsive aerosol.

- New MUM Body Responsive aerosol is activated by your body heat
- Unique MUM Body Responsive formulation, gives extra deodorant protection as and when you need it
- Tried and trusted MUM anti-perspirant protection

New advertising

New product

New

mum

BODY RESPONSIVE
STOCK UP NOW

The hotter you get, the harder it works



BRISTOL-MYERS

BRISTOL-MYERS COMPANY LIMITED, SWAKELEYS HOUSE, MILTON ROAD, ICKENHAM, UXBRIDGE UB10 8NS. TELEPHONE: 0895 639911. FAX: 0895 636975. TELEX: 925374.
MUM and MUM Body Responsive are trademarks. Authorised user: Bristol-Myers Company Limited. ©1993.

Data AGB Superpanel

Set your sights on Optrex



Say "Optrex" to 100 of your customers and at least 95 will say "eyes" back. That's how well known the brand is. With this level of awareness, Optrex is certainly the one to watch. Here we take a look at the eye care market and focus on the leading brand.

The facts

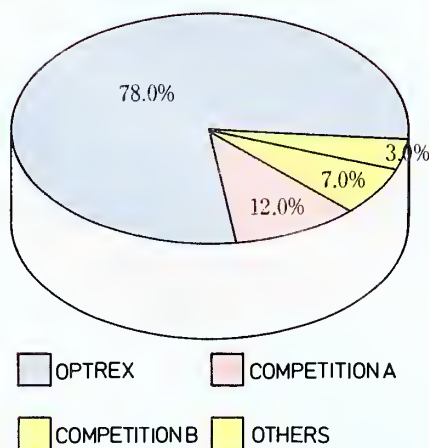
- Optrex is the number one brand in the £14.6 million eye care market with a sterling share in 1992 of 78 per cent (Nielsen).
- Over one fifth of the UK population are currently Optrex users and well over half have used it in the past (RSGB).
- The brand out-sells its nearest competitor by nearly six to one (Nielsen).

When you add up the facts and figures it is easy to see why Optrex is an attractive prospect for both consumers and retailers and leads the market.

Optrex Lotion has been on the market for over 50 years and has a reputation and authority that is second to none. The original eye lotion was formulated in the early 1930s by a French pharmacist, Madame Famel who, influenced by medical practices of North American Indians, based it on extracts of the witch hazel



Eye preparations market — brand sales



Nielsen ND '92

plant (*Hamamelis virginiana*).

Today, Optrex is manufactured under strict sterile conditions and still retains its witch hazel base, although the formula was improved in the '80s.

To meet the different eye care demands of the consumer, the range has expanded since its early days and comprises the following products:

- **Optrex Lotion**, which provides soothing relief from sore and tired eyes, caused for example, by smoke, VDUs, contact lenses and fatigue. It is available in three variants, two of which include an eye bath.
- **Optrex Drops**, which are available in two highly portable pack sizes and offer fast and effective relief for sore and tired eyes.
- **Optrex Eye Masks**, cooling and refreshing, these are the ideal way to relax and refresh tired eyes. They also stimulate

the sensitive skin around the eye where strain and fatigue are likely to show.

- **Clearine** drops are specially formulated to relieve the redness associated with sore, tired eyes.
- **Eye Dew** are cosmetic eye drops developed to give eyes an extra sparkle. Eye Dew Clear is for clear, brighter whites and Eye Dew Blue for bright, sparkling eyes.

Eyes right

Today, eye care is as important as the days when Optrex was first developed. The eye is a sensitive and vital organ and when problems arise people are quick to seek help.

The pharmacy is more often than not the first port of call for minor eye conditions. With the different variants available, the pharmacist plays a key role in advising the consumer.

Whether a pharmacist

Product Information: Optrex Lotions and Drops: Solution containing distilled witch hazel B.P.C 13.0% v/v. Preserved with Benzalkonium Chloride 0.005% w/v in a solution buffered with Borax and Boric Acid. **Uses:** For the relief of minor eye irritations caused by dusty or smoky atmospheres, driving or close work. **Dosage and administration:** Lotion: Bend head slightly forward, apply the eye bath, 1/3 full, and rock the head from side to side for at least 30 seconds keeping the eye lid open. Drops: Gently squeeze 1 or 2 drops into each eye. **Contra Indications:** Not suitable for use whilst wearing hydrophilic (soft) contact lenses. **Side effects:** May occasionally cause hypersensitivity reactions. **Packaging quantities:** Lotion: Bottles containing 110ml and 300ml G.S.L. Drops: 10ml and 18ml P. **RSP:** Lotion 110ml with eye bath £2.75. Lotion 110ml £2.35. Lotion 300ml with eye bath £3.99. Drops 10ml £2.25. Drops 18ml £2.85. P.L. Lotion 0062/S000. Drops 0062/S003 Crookes Healthcare Ltd, Nottingham NG2 3AA.

recommends Optrex or a patient asks for it by name, it is crucial to know more about the uses it can be put to.

Behavioural research shows that (RSGB 1992):

- 55 per cent of people use Optrex to soothe eyes
- 48 per cent to remove dust/dirt/grit
- 35 per cent to refresh tired eyes
- 11 per cent to relieve hayfever/allergy
- 9 per cent to relieve redness of the eye due to minor eye irritations
- 9 per cent for eye infections/conjunctivitis

About 9.4 million people are using Optrex currently — some 21 per cent of the adult population. An even higher percentage — 57 per cent or around 26 million people — claim to have used Optrex at some stage. Its closest competitor in pharmacy is only ever used by 4 per cent of all adults (RSGB).

The Optrex target user covers a wide spread of the population. They are ABC1 male or female aged between 25-55 and come from all socio-economic groupings.



Indeed, the Optrex user profile is very similar to the UK population profile.

The fact that Optrex has a strong female purchaser base is good news for the pharmacy retailer as women form the larger part of the pharmacy's clientele.

While Optrex maintains a broad user profile, research also shows that usage is on the increase. Over half of users use Optrex at least once a week (RSGB) and there are more people using Optrex once a fortnight and once a month.

Leader of the pack

Clearly, Optrex is of value to consumers. But how valuable is it to pharmacists? A look at how Optrex stacks up against the competition reveals that pharmacies do well with Optrex. Last year, during the peak season for sales (July/August), the brand value shares in pharmacy were:

- Optrex 78.3 per cent
- Competitor A 13.8 per cent
- Competitor B 7.6 per cent

(Source: Nielsen)

Optrex out-sold competitor A by nearly six to one and Competitor B by nearly ten to one. Translated into cash terms, this points to real profit opportunities. The value of cash sales per month was £48.10 for Optrex, £8.50 for competitor A and £5 for competitor B. Even in the low season, the cash rate of sale equates to £36.40, £9.60 and £4.40 respectively.



However, talk of a "low season" may be slightly misleading and should not imply that eye care is a seasonal market. The six month period September to February shows that 47 per cent of Optrex sales are made in this time.

Clearly sales of Optrex are fairly consistent throughout the year and are not reliant on waiting for the next seasonal burst. It makes good sense for pharmacists to take advantage of this data and maintain strong facings and display for the brand.

Promotional support

A look at the promotional support package behind the brand, clearly shows that Optrex is committed to maintaining this level of success and to developing the eye care market. This in turn builds profit opportunities for the retailer.

Pharmacists are sure to benefit from the new advertising that Crookes Healthcare are planning for Optrex this Summer. The new campaign has an extended duration and promises to be more tightly targeted than ever before. The strategy behind the advertising has been developed through evaluating why consumers use Optrex and searching for the key

motivating factors that will prompt them to use it. The new campaign will highlight the value of eyes and the need to be aware of how to look after them. The campaign is expected to run from May through to October and will be featured in national press, colour supplements and women's press.

This year an eye-catching advertising campaign for Eye Dew will also be seen in the

teenage press. Eye Dew is targeted primarily at young women aged 16-24, and the new advertisement focuses on this group with an unusual twist — using a pair of male eyes to emphasise the benefits of Eye Dew.

In the swim

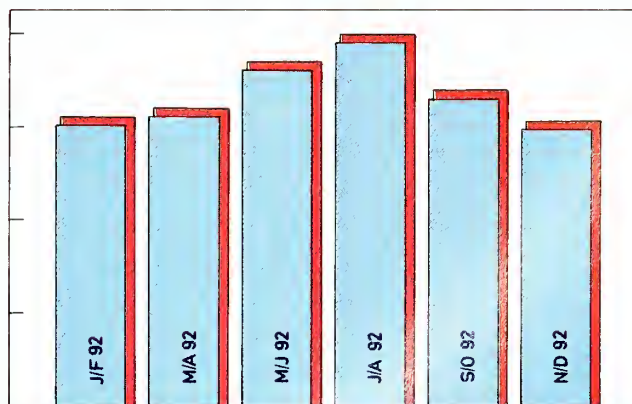
Swimming sponsorship has also been back on the agenda after previous swim meets sponsored by Optrex achieved extensive television coverage. This year, Optrex, through its involvement with the Amateur Swimming Association, has ventured into a completely new arena of swimming.

The Optrex World Challenge, very much a first in world swimming, took place two weeks ago and featured synchronised swimming, a whole host of international swimming stars competing for cash prizes, and for the first time in Great Britain, synchronised diving. This spectacular event was featured on BBC Grandstand and achieved a viewing figure in excess of three million.

This continued level of commitment and investment from Crookes in building the brand, clearly proves that Optrex is the main driving force behind the eye care market.

It is no coincidence that the market has seen a steady and persistent growth since 1987-88, the same year that Optrex's award winning television advertising went on air and a more focused PR campaign began. With such an impressive market share and with such high level awareness amongst consumers, Optrex quite simply spells eye care. There is no other brand that can touch Optrex and pharmacists who continue to grasp this opportunity firmly will continue to reap the rewards.

Optrex value sales



Product Information: Clearline: Solution containing distilled witch hazel B.P.C. 12.5% v/v. Naphazoline hydrochloride B.P. 1968 0.01% w/v with (as preservatives). Benzalkonium Chloride Solution B.P. 0.008% v/v. Methyl Hydroxybenzoate B.P. 0.02% w/v. Propyl Hydroxybenzoate B.P. 0.005% w/v. **Use:** For the temporary relief of redness of the eye. **Precautions:** Not recommended for use in children under 12 years of age. **Dosage:** One or two drops in each eye, no more than four times daily. **Contra indications:** Not to be used by persons suffering from glaucoma or serious eye diseases or persons who have had previous eye surgery. Persons being treated for high blood pressure, depression, heart disease, diabetes or increased thyroid gland activity should consult their doctor before use. Not to be used by contact lens wearers. **Side effects:** May cause transient irritation and stinging. Continued use of this product may increase redness of the eye. **Packaging quantities:** 10ml plastic bottle P. **RSP:** £2.65. **PL:** 0062/0024 Crookes Healthcare Ltd, Nottingham NG2 3AA.

Unichem pilots mobility aids service

Unichem are launching a Mobility Aids Commission service. The scheme, which is being piloted in the North West region serviced by the Preston branch, has been set up with Chester Mobility, a specialist distributor.

The service enables Unichem members in the area to provide customers with demonstrations of mobility equipment in the customer's home if necessary. Specialist advice and an after sales service will be available.

Unichem have produced a Mobility Aids Service pack which will be distributed to all the pharmacy customers of the Preston branch. It includes a poster advertising the service and a book of inquiry forms.

Pharmacies complete a form for each inquiry and post it free to Chester Mobility, who then contact the customer. If a sale is made, the pharmacy's Unichem account is credited with 5 per cent commission. **Unichem. Tel: 081-391 2323.**



Invisible lines

As thin as a Venetian blind, will be the new theme Sancell are using to promote the thinness of their Bodyform Invisible range in its first television advertisement.

The new campaign aims to show how discreet the Bodyform Invisible range is, while reassuring users

of its absorbency and security, according to the company.

Running until September, the campaign forms part of Sancell's major investment in the brand this year which will total some £2.5 million. **Scott Ltd. Tel: 0342 327191.**

Pure air

Parfums Cacharel are introducing Pure Air deodorants to their Anaïs Anaïs, Loulou and Cacharel Pour l'Homme fragrances. Available in 100ml atomisers, they use a new type of aerosol which operates on compressed air. **Prestige & Collections. Tel: 081-979 6699.**

Picasso offer

A limited edition 30ml eau de parfum spray is available from Paloma Picasso fragrances. Retailing at £19.95, it is available from **Prestige & Collections. Tel: 081-979 6699.**

Colgate offers

Plax and Actibrush mouthwashes are on special offer throughout May. Pharmacists can purchase the brands at special prices throughout the month from Numark wholesalers. **Colgate-Palmolive. Tel: 0483 302222.**

Silvikrin boost

Silvikrin shampoo is being promoted to consumers with its biggest ever sampling campaign, giving 2.5 million households the chance to try it. A 20p off next purchase coupon will be included with the sample. This will be backed by Press advertising over

the Summer. **Smithkline Beecham. Tel: 081-560 5151.**

Sunchecks

Fine Fragrances and Cosmetics Ltd are now handling the distribution of Sunchecks, by Sherwood Skincare. **Fine Fragrance and Cosmetics Ltd. Tel: 081-979 8156.**

Email returns

Email Diamant cosmetic toothpaste is now available to pharmacists through Henri L. Jaccaz. Trade price is £21 per dozen, retailing at £3.20 each. **Henri L. Jaccaz. Tel: 081-661 7327.**

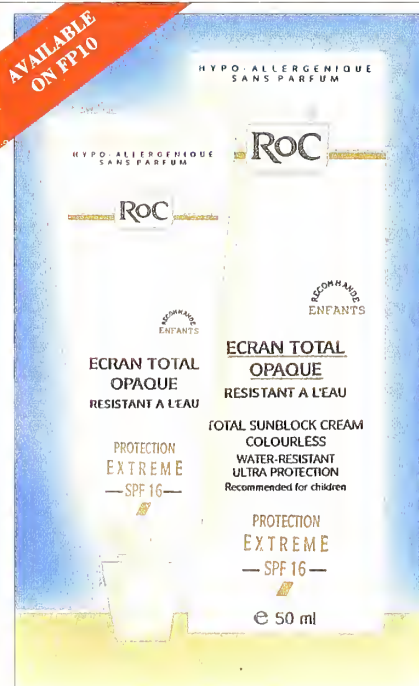
Soft Color on TV

Wella are supporting their Soft Color brand with a £1.2 million Press advertising campaign, running throughout the Summer. **Wella Consumer Products. Tel: 0256 20202.**

Pollen on-line

The Seldane Pollen Line is in operation from May 5 until July 31. Any profits made on the line this year will be donated to the British Allergy Foundation. Pollen cards with the Pollen Line number details are available from Marion Merrell Dow reps, or by phoning customer services on **081-848 3456.**

PRESCRIBING INFORMATION. ROC TOTAL SUNBLOCK CREAM (SPF 16). Presentation: RoC Total Sunblock Cream is a perfume-free, non-greasy, non-alkaline, water-in-oil emulsion. The formulation is also hypo-allergenic, non-comedogenic, PABA-free, water-resistant and offers excellent cosmetic acceptability. Composition: Purified water, Cetostearyl Ester, Triglycerides, Hydrogenated oil E.O., Beeswax, Cinnamic ester, Oxibenzon, Hexadecanol, Mineral pigments, Dibenzoylmethane, Vitamin E acetate, Phenoxymethanol, p-Hydroxybenzoates. Uses: RoC Total Sunblock Cream is indicated for protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including those resulting from radiotherapy, chronic or recurrent herpes simplex labialis. It is effective in protecting against the effects of UVB, UVA and visible solar radiation in most types of photosensitisation, solar urticaria, acute solar dermatitis, drug induced photosensitivity, acute lupus erythematosus and polymorphic light eruption. The product is also suitable for cases of cutaneous albinism, vitiligo, very sun-sensitive skin i.e. phototypes 0, I and II and the fragile skin of children. It can also be used as prophylaxis for normal skin types in intense sunshine. Dosage and Administration: Apply to exposed areas of skin. Reapply after every immersion in water and every two to four hours during exposure to the sun. In windy conditions or if heavy perspiration occurs, more frequent reapplication may be required. Precautions: If a sensitivity reaction should occur (redness, etc.), discontinue treatment. Pharmaceutical Precautions: Store in a cool place. Further Information: Nil. Package Quantities: 50ml Tube, NIS Prescribing Code: FP10/ACBS. Basic NIS Price: £9.99 per tube. Laboratoires RoC (UK) Ltd., The Kirkgate, 19/31 Church Street, Epsom, Surrey KT17 4PY.



RoC Total Sunblock Cream. Put it on display.

RoC Total Sunblock Cream is Britain's leading prescription product for photosensitive skin, and a reliable recommendation.

But why wait for doctor's orders when you can increase your year-round sales potential by displaying RoC Total Sunblock Cream in its own customised display unit. Show the world that you stock RoC, order your special display unit from your Unichem Wholesaler now.

You can add to your sun care service too, with RoC's free leaflets and colourful, informative wallchart (for customer or pharmacy use), simply complete and return the coupon below.



Pure protection for photosensitive skin.

*Formulated to minimise the risk of allergy

For your free RoC sun care leaflets and wallchart simply complete and return the coupon to:
FREEPOST MDMO, Direct Marketing Professionals, Hazleton Industrial Park, Lakeside Road, Horndean, Waterlooville, Hants PO8 9BR.

Name:

Address:

Postcode:



Contraceptives — a controversial selection

The identification of contraceptive agents as possible candidates for black-listing is surprising since it is generally agreed that the prevention of unwanted pregnancies is both economically and socially desirable. Moral attitudes about the methods which are acceptable will of course differ with many people still holding the view that only abstinence is appropriate. Moreover some politicians are articulating with greater vigour the view that individuals should take greater responsibility for their own lives. Therefore, encouraging users to buy their own contraceptives may well be seen by those politicians as a move in this direction. It would be interesting to see what the expert panel assembled to make recommendations make of all this since in no other therapeutic category considered in this series does morality, finance and medicine share such an uneasy interface.

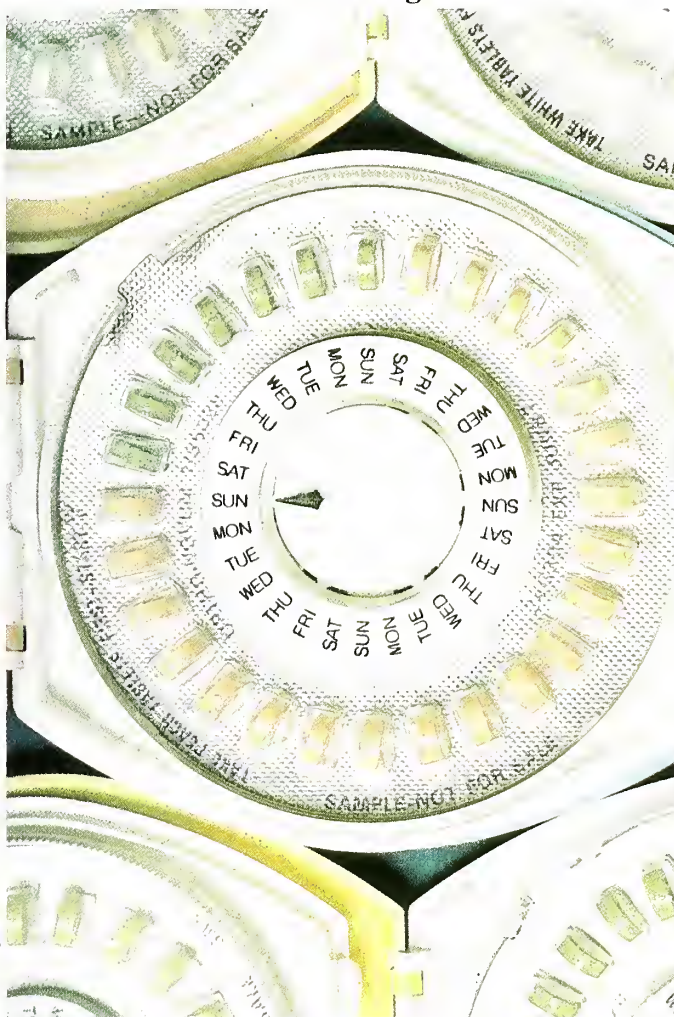
Most vulnerable

Within the contraceptives category are oral contraceptive pills, spermicidal contraceptives and contraceptive devices. If effectiveness were to be the sole criterion for separating those products to be black-listed from those which are reimbursable, then spermicidal agents would be the vulnerable group. However, this does not take account of the fact that many women are highly concerned about the potential adverse effects of both oral contraceptive agents and intra-uterine contraceptive devices and from a safety point of view are only prepared to consider topical or barrier contraceptives. In some subgroup of patients those concerns are entirely appropriate (see below).

Spermicidal agents

Such contraceptives are not sufficiently effective on their own and should be combined with use of either the diaphragm or the condom. However, oil-based topical contraceptives may interfere with the integrity of latex-based contraceptive barriers. In practice most spermicides are used in conjunction with diaphragms because use of the latter on their own is not appropriate. On the other hand use of condoms with secondary aqueous spermicidal

Contraceptives is one of the more controversial of the ten therapeutic categories which will join the Selected List later this year. Professor Alain Li Wan Po, of the School of Pharmacy, The Queen's University of Belfast, reviews the various types of contraceptives and the implications of blacklisting



Picture Ray Ellis/Science Photo Library

formulations is acceptable.

Topical formulations include:

- films
- foams
- creams
- jellies
- pessaries.

Most are based on spermicidal non-ionic surfactants, usually nonoxonyl 9. There is little difference in their relative effectiveness although films and pessaries need to dissolve and disperse before being effective, thereby introducing some in-use lag phase.

While some in-vitro data suggest that spermicides may exert antiviral and antibacterial activities, they are insufficiently effective to protect against infection including the acquired immune deficiency syndrome (AIDS).

Topical formulations are less acceptable for casual encounters associated with some of the at-risk groups and will be used largely within stable relationships. Sensitization to the spermicide or vehicle may occur rarely.

Intra-uterine devices (IUDs)

IUDs are effective but are associated with an increased risk of pelvic inflammatory disease leading to infertility in some cases. Indeed, the earlier plastic-based IUDs had an unacceptable risk in this respect and have now been withdrawn from the UK market. Many pharmacists will recall that litigation associated with those devices led to the bankruptcy of at least one major pharmaceutical company. Copper-based IUDs are now the only ones in current use in the UK.

IUDs are contraindicated in:

- women with a history of ectopic pregnancy
 - tubal surgery
 - genital malignancy
 - pelvic inflammatory disease
 - women receiving immunosuppressive therapy.
 - women with a history of heavy menses or recurrent anaemia (as menorrhagia may complicate the use of an IUD)
- Avoidance of IUDs is also advised in patients with:
- diabetes
 - valvular heart disease
 - epilepsy
 - taking anticoagulants — because of increased risk of uterine bleeding and secondary infection.
 - copper sensitivity
 - Wilson's disease
 - medical diathermy
 - Pregnancy should be excluded prior to insertion of an IUD.
 - IUDs should not be recommended for nulliparous women.

Contraceptive pills

Two types of contraceptive pills are available

- combined oestrogen and progestogen pills
- progestogen-only formulations.

Combined action

Contraceptive pills combining an oestrogen and a progestogen generally are the most effective preparations and are usually agents of first choice unless some complicating factor indicates otherwise.

Administration of the combination of the oestrogen and progestogen leads to inhibition of release of follicle stimulating hormone (FSH) from the pituitary gland through a negative feed-back

Continued on pii

Continued from p1

mechanism. As a result, thickening of the uterine lining in preparation for the fertilised egg does not take place sufficiently to enable implantation. FSH also stimulates the growth of ovarian follicles which contain

the immature egg cell (oocyte). Its inhibition leads to failure of the ovary to produce the mature egg cell necessary for fertilisation. Moreover, the oestrogen and progesterone prevent the mid-cycle surge in release of the luteinizing hormone (LH) from the pituitary gland and as a

consequence release of the mature egg. Pregnancy therefore fails to occur although low resting levels of the hormones still produce a thin lining which is shed when the pill is discontinued towards the end of each cycle. It is for this reason that the combined pill usually is administered daily for 21 days to be followed by a 7 day pill-free interval before starting again.

The proviso is that the women do not have obvious high levels of cardiovascular risk factors. In such cases alternative methods of contraception should be used. In fact, even the high dose oestrogen contraceptive pills may fail in women receiving potent enzyme-inducers such as rifampicin (see below).

Triphasic pills

The rationale for using triphasic pills is that they provide better cycle control than the standard monophasic pills. With the introduction of combined monophasic pills the newer progestogens, notably gestodene and desogestrel which provide good cycle control there is less justification for multiphasic pills. However gestodene-based triphasic pills are also available. These should probably be reserved for women who have break-through bleeding even on gestodene-based monophasic combination pills.

Mini-pills

Breast-feeding women should be given progestogen-only pills (mini-pills) in preference to combined oral contraceptives because the latter may reduce both the quality and quantity of breast milk. While levonorgestrel appears in breast-milk, the levels are clinically unimportant.

Progestogen-only pills are less effective than the combined oral contraceptive pill. However full breast feeding itself provides some protection against pregnancy and therefore supplements the contraceptive action of progestogen-only pills. Progestogen-only pills are also recommended for:

- heavy smokers
- diabetics
- women over the age of 35, because of lower cardiovascular risks. Similarly the progestogen-only pill is prescribed for the few women who show intolerance to the combined oral contraceptive pill with a rise in blood pressure or with migraine attacks.

The missed pill

Unless the pill is ingested regularly at the same time of the day, it is easy to miss one.

- With the combined contraceptive pill, being late by

Continued on p1v

Contraceptive pills in current use

Product	Oestrogen	Progestogen	Category
Brevinor	Ethinylestradiol 35mcg	Norethisterone 500mcg	Standard dose oestrogen monophasic
Cilest	Ethinylestradiol 35mcg	Norgestimate 250mcg	Standard dose oestrogen monophasic
Conova 30	Ethinylestradiol 30mcg	Ethinodiol diacetate 2000	Standard dose oestrogen monophasic
Femodene	Ethinylestradiol 30mcg	Gestodene 75mcg	Standard dose oestrogen monophasic
Femodene ED	Ethinylestradiol 30mcg	Gestodene 75mcg	Standard dose oestrogen monophasic includes 7 placebos for pill administration without any breaks
Eugynon 30	Ethinylestradiol 30mcg	Levonorgestrel 250mcg	Standard dose monophasic
Loestrin 20	Ethinylestradiol 20mcg	Norethisterone acetate 1mg	Low dose oestrogen monophasic
Loestrin 30	Ethinylestradiol 30mcg	Norethisterone acetate 1.5mg	Standard dose oestrogen monophasic
Marvelon	Ethinylestradiol 30mcg	Desogestrel 150mcg	Standard dose oestrogen monophasic
Mercilon	Ethinylestradiol 30mcg	Desogestrel 150mcg	Low dose oestrogen monophasic
Microgynon 30	Ethinylestradiol 30mcg	Levonorgestrel 150mcg	Standard dose oestrogen monophasic
Minulet	Ethinylestradiol 30mcg	Gestodene 75mcg	Standard dose oestrogen monophasic
Neocon 1/35	Ethinylestradiol 35mcg	Norethisterone 1000mcg	Standard dose oestrogen monophasic
Norimin	Ethinylestradiol 50mcg	Norethisterone 1000mcg	Standard dose oestrogen monophasic
Norinyl-1	Mestranol 50mcg	Norethisterone 1000mcg	Standard dose oestrogen monophasic
Ortho-Novin 1/50	Ethinylestradiol 50mcg	Levonorgestrel 250mcg	Standard dose oestrogen monophasic
Ovran	Ethinylestradiol 50mcg	Levonorgestrel 150mcg	Standard dose oestrogen monophasic
Ovranette	Ethinylestradiol 50mcg	Gestodene 50mcg	Standard/high dose oestrogen triphasic
Triadene	Ethinylestradiol 40mcg	Gestodene 70mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 30mcg	Gestodene 100mcg	Standard/high dose oestrogen triphasic
Tri-Minulet	Ethinylestradiol 30mcg	Gestodene 50mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 40mcg	Gestodene 70mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 30mcg	Gestodene 100mcg	Standard/high dose oestrogen triphasic
Bi Novum	Ethinylestradiol 35mcg	Norethisterone 500mcg	Standard/high dose oestrogen biphasic
	Ethinylestradiol 35mcg	Norethisterone 1000mcg	Standard/high dose oestrogen biphasic
Synphase	Ethinylestradiol 35mcg	Norethisterone 500mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 35mcg	Norethisterone 1000mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 35mcg	Norethisterone 500mcg	Standard/high dose oestrogen triphasic
Tri Novum	Ethinylestradiol 35mcg	Norethisterone 500mcg	Standard/high dose oestrogen triphasic
	Ethinylestradiol 35mcg	Norethisterone 1000mcg	Standard/high dose oestrogen triphasic

Pill selection

Oral contraception is usually initiated with a low oestrogen combination pill, typically containing 30 micrograms of ethinylestradiol. If good cycle control is not obtained then a pill with a higher oestrogen content is used usually with a step-wise upward titration to the maximum of 50 micrograms of ethinylestradiol.

Often, the choice of a combined contraceptive pill is made on the basis of the progestogen used.

The first generation progestogens are:

- norethisterone
- ethinodiol
- norgestrel
- levonorgestrel

They are also used in the progestogen-only pills. Products containing them are usually cheaper.

The newer progestogens are:

- norgestimate
- gestodene
- desogestrel

These are promoted as:

- better control of the menstrual cycle
- absence of androgenic effects or anti-androgenic effects thereby making them useful for women with acne or hirsutism
- better performance in relation to the blood lipid profiles of the users.

High dose oestrogen pills

Given the known higher risk of cardiovascular problems association with combined contraceptive pills of high oestrogen content, is there any justification for their continued use? Most authorities are now of the view that use of the high-dose oestrogen pills should be restricted to specific groups of women:

- women on long-term enzyme-inducing drugs
- women starting long-term antibiotic treatment.

Product	Oestrogen	Progestogen	Category
Tri Novum ED	As with Tri Novum but including seven placebo tablets for 28-day uninterrupted administration		
Fermulen	None	Ethinodiol acetate 500mcg	Progestogen-only
Micronor	None	Norethisterone 350mcg	Progestogen-only
Microval	None	Levonorgestrel 30mcg	Progestogen-only
Neogest	None	Norgestrel 75mcg	Progestogen-only
Norgeston	None	Levonorgestrel 30mcg	Progestogen-only
Noriday	None	Norethisterone 350mcg	Progestogen-only
Schering PC4	Ethinylestradiol 50mcg	Levonorgestrel 250mcg	Emergency post-coital contraceptive pill

CARACE® (lisinopril) Refer to Data Sheet before prescribing

INDICATIONS All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy).

DOSAGE AND ADMINISTRATION Hypertension: Initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response, adjust dose according to response; maintenance usually 10–20mg once daily. Maximum dose 40mg daily. Diuretic-treated patients — if possible stop diuretic two to three days before starting 'Carace'. Resume diuretic later if desired.

Congestive heart failure (adjunctive therapy): Initially, 2.5mg daily in hospital under medical supervision, increasing to 5–20mg once daily according to response. **Impaired renal function:** May require a lower maintenance dose. 'Carace' is dialysable. **Elderly patients:** No change from standard recommendations. **CONTRAINDICATIONS** Pregnancy — stop therapy if suspected. Hypersensitivity to 'Carace'. Patients reacting with angioneurotic oedema to previous ACE-inhibitor treatment.

PRECAUTIONS Assessment of renal function is recommended. Renal insufficiency, renovascular hypertension. Haemodialysis patients: a high incidence of anaphylactoid reactions has been reported in patients dialysed with high-flux membranes (e.g. AN 69) and treated concomitantly with an ACE inhibitor. This combination should therefore be avoided. Surgery/anaesthesia; possibility of hypotension especially in ischaemic heart disease or cerebrovascular disease. Combination with antihypertensives may increase hypotensive effect. Sometimes increased blood urea and creatinine and/or cases of renal insufficiency if combined with diuretics. Minimises thiazide-induced hypokalaemia and hyperkalaemia. Potassium supplements, potassium-sparing diuretics, and potassium-containing salt substitutes are not recommended. Ibuprofen may reduce hypotensive effect. Possible reduced response in Afro-Caribbean patients. Use with caution in breast-feeding mothers. Do not use in aortic stenosis, or outflow tract obstruction or cor pulmonale. Monitor serum levels of lithium, if lithium salts are given. **SIDE EFFECTS** Rash, dizziness, headache, diarrhoea, fatigue, cough, and nausea. Less frequently, taste disturbance. Rarely, angioneurotic oedema; other hypersensitivity reactions; renal failure; symptomatic hypotension (especially if volume-depleted), severe hypotension (more likely if severe heart failure); palpitation; syncope; hepatitis; hyperkalaemia; increases in liver enzymes and serum bilirubin usually reversible on discontinuation of 'Carace'; and impotence. **LEGAL STATUS POM BASIC NHS COST**

2.5mg tablets, £7.84 for 28-day calendar pack 5mg tablets, £9.83 for 28-day calendar pack 10mg tablets, £13.72 for 28-day calendar pack 20mg tablets, £13.72 for 28-day calendar pack **Product Licence Numbers:** 2.5mg tablets PL11173/0027 5mg tablets PL11173/0028 10mg tablets PL11173/0029 20mg tablets PL11173/0030

Product Licence Holder: Du Pont Pharmaceuticals Limited, Avenue One, Letchworth Garden City, Hertfordshire SG6 2HU **Date of Preparation:** January 1993 **Code:** CAR/API/UK/01-93 © Registered Trademark References 1. Herpin D, Conte D. *J Human Hypertens* 1989;3:11-15. 2. Rush JE, Merrill DD. *J Cardiovasc Pharmacol* 1987;9:99-107. 3. Shionoin H et al. *J Cardiovasc Pharmacol* 1990;16:905-909



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Outpacing hypertension

Once-daily 24-hour control

 **CARACE**[®]
lisinopril

Date of preparation January 1993

Continued from p16

12 hours or more is considered as having missed one.

● With the progestogen-only pill which has lower effectiveness, being as little as three hours overdue is considered as having missed one.

In such cases normal pill-taking should continue but in addition an alternative method, usually a barrier method, should be used as well for the next seven days.

Reduced efficacy

The efficacy of both types of contraceptive pills is interfered with by malabsorption as may occur with bad diarrhoea. As diarrhoea often develops on holidays abroad, an alternative contraceptive method is recommended. Protection must be continued for at least seven days after recovery.

Such protection should also be used during and for seven days after taking broad spectrum antibiotics.

A number of drugs induce hepatic enzymes which metabolise the sex hormones. Most potent among these drugs is rifampicin. Other potent inducers include:

- carbamazepine
- griseofulvin
- phenytoin
- phenobarbitone
- primidone.

Added protection is required for up to 4 weeks after stopping a course of rifampicin. Similar protection is recommended with the other enzyme inducers.

Contraindications

Patients with a history of cardiovascular disease should not be prescribed the combined contraceptive pill. In the presence of severe arterial disease, the progestogen-only pill should also be avoided. The use of the combined pill is also generally contraindicated in the presence of known cardiovascular risk factors such as:

- familial hyperlipidaemia
- diabetes
- severe hypertension and
- varicose veins

A persistent diastolic pressure above 95 mmHg usually is regarded as a contraindication for the combined pill. Care is also required when several other risk factors are present concurrently

- diabetes
- smoking
- older women
- long-term immobilisation
- severe obesity — however, severely obese women may be less well protected with progestogen-only pills.

● Both types of pill should be avoided in the presence of breast and genital carcinoma. Use of any contraceptive in pregnancy is of course contraindicated.

● Both types of pills are contraindicated in liver disease and after evacuation of hydatidiform moles.

Stop signals

There is now general agreement that women on the

pill carry an increased risk of cardiovascular events.

Therefore any woman receiving the pill who complains of any of the following should be referred immediately to their doctor and switched to an alternative non-hormonal contraceptive method:

- severe chest pain aggravated by breathing
- migraine-like headache of an intensity not previously experienced or of increasing severity
- severe calf pain
- unusual breathlessness
- a first fainting attack
- a first epileptic fit
- cough with blood-stained phlegm
- sudden severe weakness, numbness or tingling

Patients with signs of:

- liver failure (jaundice) or
- severe hypersensitivity (urticaria)

should also receive the same advice. In practice, pharmacists would wish to refer any patients with any of the symptoms described irrespective of whether they are receiving the contraceptive pill or not. The important difference is that the contraceptive pill user should be advised to discontinue taking the pill. This clearly has to be done tactfully so as not to unnecessarily alarm the patient. Such complications of the contraceptive pill are very rare but because of their severity special vigilance is required. Causal relationships are difficult to establish particularly in the presence of other risk factors.

In the future

Effective post-coital contraception is available in the form of mifepristone used routinely for legal abortions in France. As an anti-progestogen it inhibits development of the corpus luteum, making it non-receptive to the fertilised egg. Mifepristone is controversial because of its mode of action and the moral issue which it raises means that routine use in the UK is unlikely yet. Post-coital contraception is however not new, even in the UK, and high dose oestrogen combination pills (Schering PC4) are both used as such particularly in family planning clinics. Contraceptive vaccines based on human chorionic gonadotrophin are in advanced clinical trials in several countries.

Conclusion

Aside from the barrier methods of contraception, it would be surprising if black-listing of contraceptive agents were to extend beyond cost-capping. The first generation high oestrogen-content combined contraceptives are now rarely used. Both types of contraceptive pills are required in clinical practice. Shifting the cost burden from the public to the private purse would most likely lead to more erratic use of contraceptive agents by the most vulnerable groups and as such would be false economy. It would be unethical to use a suboptimal contraceptive pill just on the basis of cost.

Head lice: a case of overkill?

Some experts believe that too many headlice treatments are being used and that shampoos have no place at all. But what are pharmacists to do when customers ask for such products?

Adrienne de Mont looks at the options

No-one should use a headlice treatment unless there is firm evidence that lice are present, says leading expert Dr John Maunday, director of the Medical Entomology Centre, Cambridge University.

They should never be used routinely as a preventive measure. Yet headlice scares in the local Press and in schools stimulate parents into dousing their children in chemicals "for which a farmer would need a licence if he wanted to spray them on his cabbages."

Dr Maunday is horrified at the amount of insecticides that are used unnecessarily. "About 50,000 cases of headlice infection occur every year but 3

million treatments are sold, so for every one treatment that is necessary, 59 are given to children who don't need them," he says. "Firstly you pollute the child, then it goes down the drain and you pollute the world."

His advice is: If a detection comb shows that lice are there, use an insecticidal lotion. If not, and there is a headlice scare in the area, use a repellent.

Identification

● Head lice are greyish brown and about the size of a match-head. Because they move quickly and are a similar colour to the hair they are difficult to spot but will show up more

Headlice treatments

Active ingredient	How used
Carbaryl Caryl-derm lotion (alcohol-based) Caryl-derm shampoo	Left on 2 hours Left on 5 (preferably 10) minutes. Repeated twice at three-day intervals
Clinicide (aqueous with 10 per cent alcohol) Derbac-C liquid (aqueous) Derbac-C shampoo Suleo-C lotion (alcohol-based)	Left on overnight Left on 10 minutes Kills lice in 2 hours (but 12 better)
Suleo-C shampoo	Left on 5 (preferably 10) minutes. Repeated twice at three-day intervals
Malathion Derbac-M liquid (aqueous) Prioderm lotion (alcohol-based)	Left on overnight May be washed off after 2 hours (but 12 better)
Suleo-M lotion (alcohol-based)	Kills lice in 2 hours (but 12 better)
Permethrin Lyclear creme rinse	Apply to towel-dried hair after washing. Leave 10 minutes then rinse
Phenothrin Full Marks lotion (alcohol-based)	Left on two hours
For egg removal Step 2	For use after insecticide
Repellent Rappell hair spray	About five puffs per head. Use in the morning, not at night. Effective about 24 hours
Detection combs Suleo detection comb	Plastic teeth with built-in magnifying glass. Use on dampened hair
Napp detection comb	Compact plastic comb. Use on dampened hair



Picture CNRI/Science Photo Library

easily when combed out using a detection comb on damp hair.

- There may be **small red dots** where the lice have fed from the scalp, but itching is one of the last signs to appear and most carriers are symptom-free.

- **Itching**, if it occurs, usually starts about two to three months after infection and the scalp may eventually become insensitive.

- **The presence of "nits"** is another sign. These are cream-coloured empty egg cases stuck to the hair shafts. The eggs themselves are flesh-coloured and not as easy to see. They are glued to the hair close to the scalp. The female insects lay about eight eggs daily, which take seven to ten days to hatch; the hatched lice can live for about a month.
- Sometimes **black specks** - the faeces and shed skins of the lice - appear on pillows and collars.

Lice infect adults, particularly women, as well as children, so parents should be encouraged to inspect their own hair regularly in addition to that of their offspring.

Prevention

Repeated hair washing with an ordinary shampoo merely results in clean lice. They do not drown, but just cling on more tightly.

Combing the hair regularly throughout the day offers some protection. This can break the insects' legs and legless lice cannot survive.

Charwell Pharmaceuticals recently launched **Rappell** which contains **piperonal**, a naturally occurring compound produced by plants to repel harmful insects. The spray can be used daily to prevent infection during local outbreaks or after treatment to prevent re-infection.

The product does not kill lice so is not included in insecticide

rotation schemes. Instead it is intended for people who do not have lice but fear they may be at risk. Before using the spray it is important to be sure no lice are present.

Treatment

Lice feed only on human blood, not on dirt, and the myth that lice prefer dirty heads to clean ones may have contributed to the inappropriate use of insecticidal shampoos.

Three types of insecticide are used to kill lice:

- **malathion**
- **carbaryl**
- **pyrethroids** - permethrin and phenothrin.

Rotation policies

Local rotation policies have been introduced to prevent resistance developing and pharmacies should try to stick to them. Information on the currently recommended products is available from local health authorities or community services pharmacists. A change to an alternative compound is usually made every three years.

Dr Maunder suggests that in areas with no rotation policy, pharmacists should insist on one. If this proves impossible they can operate their own by selling the first customer a carbaryl lotion, the next a malathion preparation and so on, so lice meet as many different insecticides as possible.

"These mosaics are better than nothing," he says. "The last thing we want is resistance developing."

So far there is no evidence of resistance to carbaryl and malathion, although there has been some suspicion of resistance to pyrethroids in Germany and France. "While pyrethroids are no more effective they are presented in

modern formulations that are pleasant and easy to use. It is very difficult to persuade a customer to change from Lyclear to something that is less acceptable."

But what should pharmacists do if patients insist on an unsuitable product? "I agree that this puts pharmacists in a difficult position," says Dr Maunder. "In the end they can hardly refuse to supply the product because the customer will only go and buy it elsewhere and might never return to that pharmacy again. The best approach is to try to explain why another product would be better."

He points out that, because these treatments are P medicines, schools are not allowed to recommend or issue them.

Lotions

Lotions must be left on long enough to kill both lice and eggs, that is overnight or for at least 10 hours. The treatment should be repeated a week later to kill any eggs which survived the first treatment.

There is little difference between the insecticides as far as efficacy is concerned, but the way they are formulated can affect performance. Dr Maunder says that **Derbac-C** has high patient acceptability and is the most effective lotion his laboratory has ever tested.

Carylterm and **Clinicide**, which also contain carbaryl, are less effective because of their formulation. But if the customer follows the instructions correctly and repeats the treatment a week later there should be no problems because that should get rid of any remaining eggs.

Similarly, he has found that **Suleo-M** is probably the most effective malathion lotion but if used correctly the other lotions

work equally well.

Carbaryl has no residual effect on the hair and at one time acquired a bad name because lice occasionally reappeared immediately after treatment. Users thought the lotion had failed to kill the lice but it was really a case of poor contact tracing and patients getting re-infected, says Dr Maunder.

Malathion, on the other hand, has an unreliable residual effect which prevents new lice settling in for several days.

Sometimes treatments fail because the amount of lotion used is not enough to cover the hair adequately or to deliver a high enough dose to the eggs. Adults may need up to 25ml, with proportionately less to cover smaller heads or less thick hair. It should be applied in small quantities to a small area of scalp until the whole head has been covered systematically, and allowed to dry naturally.

- Water-based lotions are less irritant than alcohol-based ones, which should not be used on patients with skin sensitivity or disorders such as eczema, nor should they be used in young children or asthmatics.

- Alcohol-based lotions are inflammable so should never be dried by the fire.

Shampoos

Shampoos have been criticised because of the way the public are prone to use, or misuse, them. Besides being used unnecessarily, they may be over-diluted or washed off before they have had time to act.

Although Dr Maunder thinks that "no reputable professional should recommend a shampoo," others have argued that if a customer finds lotions unacceptable shampoos are better than no treatment at all.

For best effect, shampoos should be used three times at three day intervals for at least ten minutes each time. At least 10-15ml should be used for each application to avoid over-dilution.

Egg removal

Dendron Ltd recently launched **Step 2** lice egg removal system. This creme rinse formulation does not kill the lice or eggs but loosens the bond attaching them to the hair, making removal easier.

Treating contacts

Head lice are spread by head to head contact, not on hats or combs. They prefer temperatures of 34°C so will only move from one head to another if contact has been long enough for the heads to warm up sufficiently. The infection is thus more likely to be spread by affectionate contact between parent and child than it is by brief encounters in a school playground.

Customers should be advised to trace all possible contacts - the rest of the family, close friends - to warn them about checking for unwelcome visitors.

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Date of preparation: December 1992.

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New prospects in asthma therapy

Asthma is one of the commonest allergic disorders, yet no new classes of drugs for its treatment have been introduced for over 20 years. In a paper presented at a recent conference on allergic disorders, Professor Peter Barnes of the Department of Thoracic Medicine, National Heart and Lung Institute, looked at the direction research was moving in

Despite years of research, improved diagnosis and better treatment, there is a considerable weight of evidence pointing to increased morbidity and mortality from

asthma. Current therapy recognises that asthma is a chronic inflammatory disease and that inhaled steroids should be introduced as the first line therapy in patients with chronic symptoms, with inhaled beta-agonists only used as required for symptom relief. A step-wise approach to treatment has now been widely accepted (Figure 1).

The nature of the inflammatory response in asthma is broadly understood. Beta-agonists relax airway smooth muscle, but may also inhibit mediator release from mast cells (which cause acute inflammatory response). By contrast steroids modulate chronic inflammation, acting on T-lymphocytes, macrophages and eosinophils, and thereby reduce airway hyper-responsiveness (Figure 2).

There are three major approaches to the development of new anti-asthma treatments:

- Improvement in existing classes of effective drugs (eg long-acting inhaled beta-2-agonists such as salmetrol)
- Development of novel compounds

• Development of novel compounds based on serendipity (eg frusemide)

New bronchodilators

Bronchodilators work by reversing the action of airway smooth muscle. At a molecular level bronchodilatation involves:

- an increase in intracellular cyclic adenosine monophosphate (cAMP) and
- a reduction in calcium ion concentration.

Recent studies have suggested that the rise in cAMP is linked to the opening of calcium-activated potassium channels (maxi-K channels) in the cell wall. Beta agonists are thought to open maxi-K

Continued on pvi

Step 1: inhaled beta-2 agonist on demand
Step 2: Low dose inhaled anti-inflammatory (steroid/cromoglycate/nedocromil)
Step 3: high dose inhaled steroid
Step 4: Additional bronchodilator, eg long acting inhaled beta-2 agonist, oral theophylline/beta agonist, inhaled anticholinergic
Step 5: Maintenance on oral steroids

Figure 1

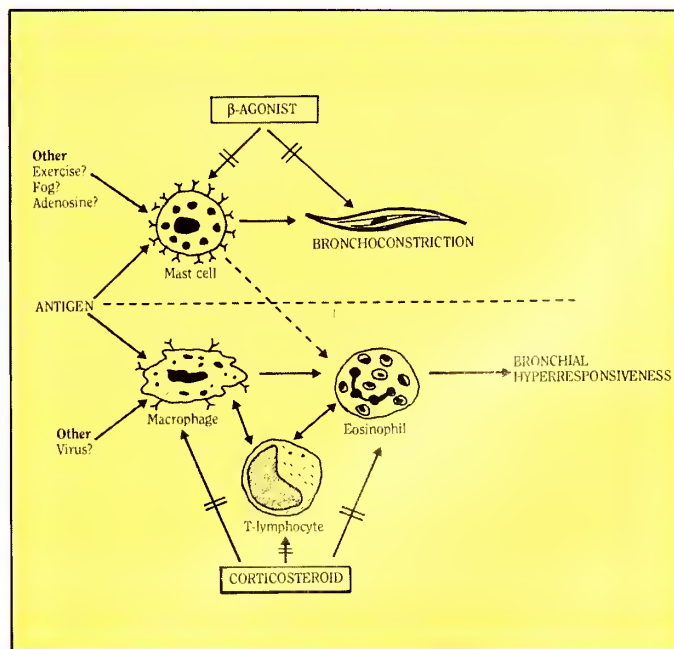


Figure 2: The differing sites of action of beta-agonists and corticosteroids in bronchial smooth muscle

Continued from pvi

channels by via a direct protein coupling with the channel.

Cyclic AMP

Understanding this molecular mechanism has prompted a search for drugs other than beta-agonists which increase cAMP concentrations in airway smooth muscle cells.

- Different types of receptor, other than beta-receptors, may stimulate the adenylyl cyclase enzyme which mediates the production of cAMP.

For example, the prostaglandin PGE₂ stimulates adenylyl cyclase and relaxes airways *in vitro*. It is not effective *in vivo* and may even lead to constriction in asthmatics since it also stimulates afferent nerve endings. However, since there appear to be two types of receptor involved a selective antagonist may be developed.

- Receptor-mediated stimulation of adenylyl cyclase involves activation of a stimulatory G-protein. This may be stimulated irreversibly by cholera toxin. Less toxic compounds which stimulate the G-protein are under investigation.

- Inhibiting the breakdown of cAMP by phosphodiesterase (PDE) provides another means of increasing intracellular concentrations. There are several types of PDE and a number of selective inhibitors have been developed. PDE types iii and iv are involved in the relaxation of airway smooth muscle and account for less than 5 per cent of total enzyme activity.

- PDE iv may also be important in inflammatory cells such as mast cells. Drugs such as benzafentrine and zardaverine, which inhibit both types iii and iv enzymes and have both bronchodilator and anti-inflammatory actions, are of particular interest.

Ca channels

Contraction of airway smooth muscle and the release of inflammatory mediators results from an increase in intracellular calcium. Drugs which block calcium entry through the so-called "voltage dependent" calcium channels eg:

- nifedipine
- verapamil
- diltiazem

have not proved effective in asthma. Calcium entry through receptor-operated channels may be more important and drugs which act on these channels are currently under development.

K channels

Potassium channels play an important role in the recovery of excitable cells after depolarisation and in maintaining cell excitability. Opening of potassium channels therefore results in relaxation of smooth muscle. A few types of such channel have been identified, and drugs which selectively activate a potassium channel in smooth muscle (eg cromakalim) have been developed for the

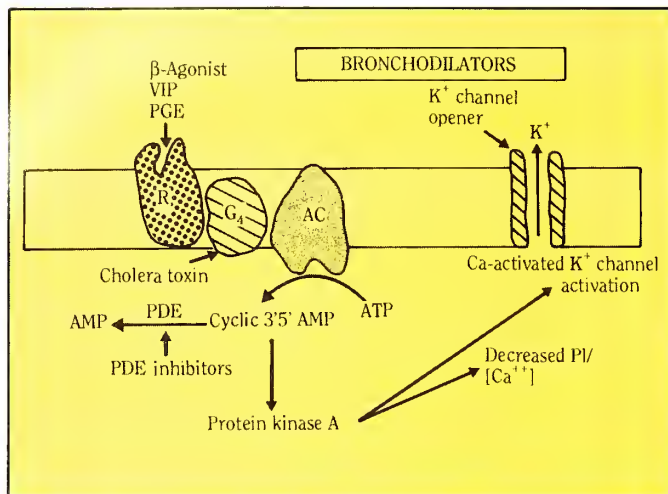


Figure 3: The cell wall and the sites of action of various bronchodilators

treatment of hypertension.

These drugs inhibit spontaneous and induced tone in airway smooth muscle *in vitro* and might have a role in normalising "hyper-reactive" muscle. As such potassium channel activators are under investigation as potential anti-asthma compounds. The future success of these compounds will depend on whether they have any additional effects not shared with beta-agonists.

Anti-inflammatories

The recognition that asthma is a chronic inflammatory disease has encouraged the earlier introduction of anti-inflammatory treatments. Corticosteroids of high topical potency (eg beclomethasone, budesonide) are highly effective when given by inhalation.

Future advances will depend upon finding steroids of even higher potency, or ones which are metabolised locally — the so-called "hit and run" steroids. Use of the latter means the local dose can be increased without the systemic effects which currently limit the dose.

Because steroids are so effective in controlling asthma, an important goal of research is to identify the molecular mechanisms which are of critical importance in asthmatic inflammation. This may lead to non-steroidal drugs which mimic the beneficial actions but not the side effects of steroids.

The molecular basis of steroid action involves interaction with a glucocorticoid receptor which then interacts with certain target genes to either increase or decrease the rate of transcription. It might be possible in the future to mimic certain aspects of steroid action by developing drugs which selectively influence the transcription of the same genes.

Mediator antagonists

Many different inflammatory mediators have been implicated in asthma. Several specific receptor antagonists and synthesis inhibitors have been developed. Since many mediators contribute to an asthma attack it is unlikely a

single antagonist will have a major clinical effect compared to non-specific agents such as beta-agonists and corticosteroids.

Lipid mediators play an important role in asthmatic inflammation. Several potent antagonists to leukotriene, thromboxane and platelet activating factor (PAF) are currently undergoing clinical trials. Initial results suggest leukotriene antagonists have a significant protective effect against some challenges such as exercise and allergen. PAF antagonists, on the other hand appear ineffective in allergen challenge.

An alternative to antagonists of mediator receptors are drugs which inhibit the enzymes involved in mediator synthesis. The enzyme phospholipase A appears to be of critical importance in the production of all lipid mediators. However there are many variants, and whether a selective inhibitor would be effective is uncertain, given that PAF antagonists are of little use.

Frusemide

Inhaled frusemide protects against "indirect" bronchoconstrictor challenges such as

- exercise
- fog
- allergen

but has no effect against direct challenges such as histamine. These effects mimic sodium cromoglycate (whose mode of action is still a mystery), but in addition inhaled frusemide inhibits certain types of induced cough.

The mechanism of action of frusemide in asthma is uncertain.

- It is ineffective systemically, suggesting it works at the airway surface.
- As a diuretic it works by inhibiting sodium potassium exchange in the renal tubule cells.
- The most likely possibility is that frusemide blocks a certain type of chloride channel which is necessary for the activation of inflammatory cells and sensory nerves.

Derivatives with less diuretic potency or selective chloride channel blockers may be developed for use in asthma in

the future.

T-lymphocytes may play a critical role in initiating and maintaining the inflammatory response in asthma through the release of cytokines.

- **Methotrexate** has a steroid-sparing effect in asthma, acting as a non-specific immunosuppressive agent. Its side effects preclude its use in all but the most severe cases where patients have problems with oral steroids.
- **Cyclosporin A**, which has an inhibitory effect on T-lymphocyte function, might also be useful. Taken orally its efficacy is not very good and its nephrotoxicity limits its use. The possibility of using inhaled cyclosporin A has yet to be explored. Experimental models suggest its inhibits eosinophilic inflammation in the airways but does not reduce hyper-responsiveness (whereas steroids are effective in both cases).

Cell adhesion blockers

The infiltration of inflammatory cells into tissues is dependent on the adhesion of these blood-borne cells to the endothelial wall of the blood vessel before they migrate to their inflammatory site. This relies on specific glycoprotein adhesion molecules on both leucocytes and on the endothelial cells.

These glycoproteins show increased binding affinity in response to various stimuli such as cytokines, or mediators such as platelet activating factor or leukotrienes. Monoclonal antibodies which inhibit these adhesion molecules may therefore prevent inflammatory cell infiltration. Synthetic peptides with the sequence which is critical for adhesion may also have therapeutic potential as blocking agents.

This article is extracted from a paper presented by Professor Barnes at a conference in February entitled "New therapies for allergic diseases" organised by IBC Technical Services Ltd (tel:071-637 4383).



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Nielsen's figures show the total haircare market was worth over £713 million in 1992, a rise of 6.3 per cent compared to the previous year. The number of packs sold fell by some 1.9 per cent. However not all the market sectors are following the same pattern.

Washing up

Shampoos account for over a third of the market. The sector grew 10.3 per cent in value and volume was up 1.1 per cent, say Nielsen.

According to L'Oreal, this growth is fuelled by two key factors — people are washing their hair more often and are taking advantage of new products. "Product innovation doesn't stop just because there is a recession on," says general manager Julia Fedou.

Procter & Gamble launched the Pantene Pro-V range in February, "the biggest launch in haircare since Wash & Go". The £18m support package planned for its first year is the biggest ever in haircare, says assistant brand manager Jonathan Bean.

He predicts that Pantene will be the second or third biggest brand by the end of its first year. In a test market in the Border area, the shampoo achieved a 6 per cent sterling share of the market (12 per cent in pharmacy).

At double the average market price, Pantene will add value to the market, says Mr Bean. Many brands compete on price, which depletes the value of the market; a big, premium priced brand is what the market has been waiting for, he says.

The market has traditionally been divided into four segments: anti-dandruff, beauty, convenience and mild. With the mild segment increasingly being absorbed by the others, P&G saw an opportunity to create a new fourth segment, says Mr Bean.

Pantene has pioneered the "health" segment, which will develop as existing brands move into the area, with Pantene as brand leader, he believes. With its pro-vitamin content — panthenol plus three



The haircare market is riding out the recession, and manufacturers continue to provide opportunities for pharmacists to cash in on. Charlotte Coker reports

varieties of a P&G patented, second generation pro-vitamin called Pantyl-B — Pantene "puts the goodness back" into hair, both on the surface and in the cortex, say P&G.

British consumers are fairly discerning, and they will pay extra for a product that provides a benefit they really want, even in a recession, says Mr Bean. He believes Pantene is particularly a pharmacy brand and advises that good display is the key to sales. Pharmacy pre-packs, including POS material and leaflets, are currently being distributed.

Continuous advertising is necessary to support a premium product, says Mr Bean, and over

the year Pantene will benefit from television advertising, sampling in July, trial packs and value added promotions.

New this month, following a successful test market, is Johnson's pH 5.5, a range of seven products for hair, skin and facial care clinically formulated to match the pH of healthy skin. The shampoo contains a polymeric conditioner appropriate for all hair types, say J&J.

2 in 1 slowing

Today's consumer is still leading a hectic lifestyle and this is where 2 in 1 products dominate, say Wella. But the sector is expected to slow.

At Colgate-Palmolive, chemist development manager Michael Bealing says that "with many manufacturers jumping on the 2 in 1 bandwagon, the sector is nearing saturation point and there will eventually be a shake-out in the market".

L'Oreal say the sector will reach a ceiling because only a certain percentage of consumers are interested in "ease of use" positioning. The "maximiser" is not willing to use 2 in 1 products because she seeks superior product performance and is willing to invest in her looks.

Over the past year, activity in the sector has continued as manufacturers have developed different conditioning levels to suit different hair types.

Vidal Sassoon Wash & Go, brand leader and pioneer of

the 2 in 1 sector, added two new variants: Ultra Mild and, more recently, Extra Conditioning Dry/Permed/Damaged with its dual conditioning system. This is expected to contribute 20 per cent of the total Wash & Go business. The range will benefit from a £7m television spend, supported by an in-store promotions, sampling and PR.

Schwarzkopf relaunched and reformulated Once 2 in 1 shampoo a year ago, offering three different conditioning levels. And they launched Shine Tonic Shampoo and Conditioner for Tired Hair.

Earlier this year, Smithkline Beecham relaunched Silvikrin 2-in-1 Shampoo as Silvikrin Shampoo & Conditioner in One with four variants in the range.

SB are supporting the relaunch with door-to-door sampling to over 4 million homes nationwide this month, followed by a new £1.5m

Pharmacies & drugstores
Top five shampoos

- 1 Wash & Go
- 2 Head & Shoulders
- 3 Timoteii
- 4 Dimension
- 5 Salon Selectives

Source: Nielsen

Pharmacies & drugstores
Top five conditioners

- 1 VO5
- 2 Salon Selectives
- 3 Gliss
- 4 Wella Balsam
- 5 Cream Silk

Source: Nielsen

national advertising campaign, sampling and advertorials in women's magazines.

Linco Beer Shampoo/Conditioner, which Carter-Wallace describe as the original all-in-one, is being supported with a PR campaign in national magazines and regional newspapers and a promotional programme.

The recession has given rise to a market trend towards value for money products. Revlon launched Aquamarine last May to capitalise on this trend.

Colgate-Palmolive's Michael Bealing says that with the recession showing no signs of abating, consumers are becoming increasingly price-conscious.

Price sensitivity

"There is definitely a price sensitivity in the market," he says. "As a consequence, consumers are now showing signs of trading down, preferring those traditional, quality products that offer good value for money."

Many consumers shopping for shampoos for the family find the £2 price level prohibitive, particularly if they need to buy a couple of variants, he says.

During May the Palmolive



The five Salon Selectives shampoos were relaunched in February with a new, improved conditioning formula delivering superior shine and softness, say Helene Curtis

Continued from p823
range features a price promotion on the 250ml and 500ml packs, available to the trade via pharmacy wholesalers.

Medicated growth

The medicated sector accounts for over 21 per cent share of total shampoo market, say SB.

Vosene was relaunched at the end of February with new livery and a new variant — Vosene Fresh for frequent use.

The range is being supported by national television advertising enhanced by sampling of Vosene Fresh to over 1.5 million homes and an ongoing PR campaign. Standardised, reduced outer sizes are available throughout the trade.

In February, Revlon launched Flex & Go Anti-Dandruff — a shampoo and conditioner in one — adding a new variant to

for intensive conditioner treatments at the weekend.

At Schwarzkopf, too, the view is that more people are turning to *ad hoc* intensive conditioners as a weekly hair treatment. They are cashing in on this with their Gliss Coromist Instant Hair Revitaliser and Leave In Conditioning Treatment, which conditions throughout the day.

The trend towards additional products has particularly benefited Henara Treatment Wax and Hot Oils, which are showing 98 per cent growth year on year, say Henkel.

Next month L'Oreal are launching a "breakthrough" in the market with Elseve Care Mousse Non-Rinse Conditioner (see Counterpoints).

Group product manager Jeremy Schwartz says L'Oreal saw an opportunity to increase the size of the standard conditioners market and bring superior care to it, thereby increasing its value. Little innovation within the market has led to the growth of value for money brands little different in price to own label.

With a £5m support package behind Elseve, L'Oreal expect the brand will grow the market as it did in Germany.

The time is right for Elseve, says Mr Schwartz. Consumers want superior care and are willing to pay premium prices.

And in 1993...

According to L'Oreal key trends for 1993 will be a revaluation of the standard conditioner market. The launch of Pantene will see the average price increase, they say. This will be accompanied by improved technology and improved care.

A colourful future

With only 25 per cent of women using hair colourants in the UK compared with 50 per cent in other European markets and an emerging new category, prospects for colourants look bright

The hair colourants sector rose in value by 6.6 per cent in 1992, although volume fell by 3.2 per cent, say Nielsen.

Permanent colourants still dominate the market, say Henkel. Value growth has been steady in permanent and strong in semi-permanents, say L'Oreal. And according to Wella, there is also growth in all red colourants.

New arrivals

The main news in the sector has been the arrival of tone-on-tone colourants. The three brands on the market are L'Oreal's Casting, Wella's Soft Color and Clairol Lasting Color from Bristol-Myers.

Lasting Color, available from this month alongside a relaunched Loving Care range differs from the other two in that it will cover any amount of grey hair, say Bristol-Myers.

They believe tone-on-tone products will attract existing users of hair colour rather than bring new users into the market and that sales of permanents will be most immediately affected.

L'Oreal, on the other hand, believe there is a trend in colour that is younger and more modern, recruiting a new generation of colourant users — 50 per cent of Casting users are aged 18 to 35. They demand products that enhance, optimise and give superb hair colour — key elements of the 90s look.

Consumers are becoming increasingly expert and want performance both cosmetically and in terms of timesaving. "The idea of the Applicolor system, which saves mess and time, is one of the most appreciated things about Casting," says marketing manager Neil Selby.

According to L'Oreal's latest research, tone-on-tone colourants now account for 7 per cent of the total market value and are expected to reach 20 to 30 per cent by the end of year one. The new category will promote general growth in what was a relatively flat market, says general manager Julia Fedou.

Continued on p826



Johnson's pH5 will be rolled out nationally in this month with a total support of £4m

the three already on the market. The on-going "Try me free" promotion runs until August 31.

In March, the company launched ZP11 conditioner and repackaged the shampoo.

In great condition

The conditioners market was up in value by 9.4 per cent and volume was down 0.6 per cent, say Nielsen.

According to L'Oreal, the standard conditioner market is declining — although the key brands remain healthy. But the decline, driven by the move to 2 in 1, is stabilising, say L'Oreal.

Remoisturisers and hot oils are growing, not because 2 in 1 users are seeking additional weekly conditioning, but because women who use standard conditioners seek further conditioning, say L'Oreal. But they say it is hard to know if it is innovation by manufacturers that is driving the growth or consumer demand. Helene Curtis believe growth will be down by 11 to 24 year-old women.

Wella say that although the 2 in 1 market is beginning to plateau, people are still forgoing their daily conditioner

Top tips

Pharmacies continue to lose market share in a number of haircare sectors.

Wella suggest that to improve their market share, pharmacists could focus on their differences from the grocery sector — especially by offering advice on products such as colourants. And a local, friendly service can be used to win back customers, they suggest.

On stocking policies, Colgate-Palmolive's Michael Bealing says: "It's worth remembering that the lion's share of haircare sales are still in separate shampoos and conditioners and chemists' stocking policies should keep a balance between these and 2 in 1 brands."

What most consumers want, no matter what their taste in hairstyles, is hair that looks healthy, say P&G.

In fact, three of the top six haircare improvement needs are specifically related to hair health; consumers are looking for products that will leave their hair in better condition, protect it against damage and leave it looking healthier.

Three specific qualities most consumers relate to healthy hair are that it is clean, soft and shiny, say Procter & Gamble.



Clairol Lasting Color covers any amount of grey hair, say Bristol-Myers

To explain how a tone-on-tone colourant works, it is helpful to first look at how a permanent colourant works, say L'Oreal.

Permanent colourants are activated by ammonia and hydrogen peroxide. This combination softens and opens the cuticle, allowing the new colour pigment to penetrate into the cortex while, at the same time, dissolving the natural colour pigment — a simultaneous lightening and colouring process.

During the development time the new colour molecule grows (through oxidation and polymerisation) and assumes the correct tone and depth. Permanent colourants can lighten or darken the hair and will cover 100 per cent of grey hair.

Tone-on-tone colourants use a more mild combination of alkaline agent and hydrogen peroxide. This combination also softens the cuticle, but to a lesser extent, and allows the colour pigment to penetrate into the cortex without dissolving the existing colour pigment or causing excessive swelling of the capillary fibre.

This milder combination will also oxidise and polymerise the new colour molecules to the correct tone and depth.

Tone-on-tone colourants are not meant to lighten or dramatically alter the existing shade of the hair. They enhance the natural beauty of the hair, adding shine and depth of colour. Tone-on-tone colourants will cover up to 50 per cent of grey hair.

At last, combing out lice eggs needn't end in tears



New Step2, offers for the first time, a way of avoiding the hours of painful combing associated with lice egg and nit removal.

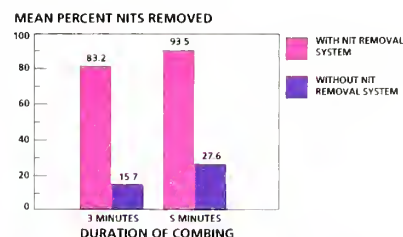
An infestation of head lice is easily cured. Any proprietary pediculicide will kill the lice and their eggs. It is after treatment however, that the problems really start.

The next step is to completely eradicate all traces of infestation by meticulously combing out the lice eggs and nits. This process is painful, distressing, and can take many hours.



Now, there is a specialist lice egg removal system which pharmacists can recommend for use after any pediculicide treatment. Step2.

New Step2 is a creme rinse which greatly speeds the lice egg and nit removal process by loosening the bonds which hold them firmly to the hair.



Studies have shown that the combing process can be made up to 10 times faster with Step2. Step2 helps to reduce tangling, making combing less painful and far more effective.

New Step2 also reconditions treated hair, restoring its health and shine.

Killing the lice is only the first step in head lice treatment. Now you can finish the job with Step2.

**Step2 takes the tears
out of lice egg removal**

Note: Step2 does not kill lice or their eggs, but speeds the removal of the lice eggs and nits which remain in the hair.

Continued from p824

Ms Fedou says retailers need to be dynamic about hair colourants; those independent chemists that have made an "event" of Casting, stocking the full range and building impactful displays, are the ones who will continue to do well.

Spending money

Bristol-Myers will spend £6m advertising Clairol brands in 1993. For Nice 'N easy, a new £1.5m Press campaign starts in June and there will be cashback and coupon promotions. Loving Care gets a £3m campaign and Glints a £1.5m spend plus on-pack promotions. Born Blonde gets camomile added to the colourant and lightener and a new highlights pack.

L'Oreal's Casting is being supported this year with a media and promotional package that includes a £2.2m television and Press campaign.

A second burst of national television advertising is planned to run from September 6 to October 10, and Press advertising will resume in June and run through to July. A consumer leaflet called "Your guide to beautiful hair colour" will provide coupons offering £1 off Recital and Casting.

The special introductory price promotion on Casting of £3.99 (normally £4.49) continues until the end of June. A trade promotion will run this month.

There will also be training seminars in all major cities to explain Casting and the

tone-on-tone technology.

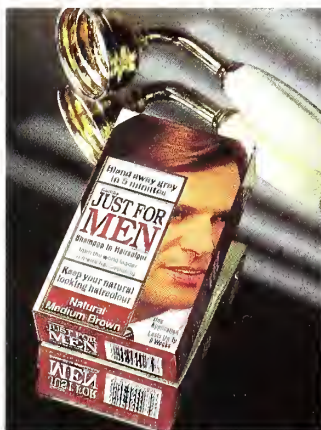
A £130k Press campaign for Recital Performance will run in major women's magazines in June and July.

Men do it, too

The men's haircolouring market is valued at about £5m at rrp and growing 20 per cent year on year, say Combe. Just For Men accounts for 50 per cent and Grecian 2000, 35 per cent.

The pharmacy sector is particularly strong for men's haircolouring and distribution is good in both the independents and multiples. With Just For Men, pharmacies can ensure they maximise their profits and share of business by stocking all four shades, say Combe.

The brand is supported by a £2m television advertising campaign throughout the year.



Just For Men on TV in 1993

Greater style

As the 90s look emerges, the styling products market is beginning to exhibit strong growth across several categories

Although 90s hair styling has moved towards longer, more natural looks, a key theme is that anything goes, say Wella.

Styles hitting the street in 1993 vary from long, sleek hippy looks to short textured grungy styles; from big, voluminous curls to shiny, sculpted hair influenced by the 60s Biba revival. "Authenticity" is the style word for the 90s, say L'Oreal.

The total market for styling products has been declining, and Helene Curtis believe it is because of recessionary factors and because the mainstay users (11 to 24 year-olds) have less disposable income. Neil Selby at L'Oreal believes an upturn will be seen; he says consumers are rationalising the products they use, going for quality products that they know work. A recession means you spend money, not waste it, he says.

Gel sprays are performing well, as are styling sprays and sets. Mousses are growing in value but not in volume, and gels, waxes and hairsprays are declining, say Nielsen.

According to Helene Curtis, pharmacies have lost share of trade within both the mousse market and hair setting sprays

and lotions over the last 18 months to large supermarkets. But hairsprays have shown growth in pharmacies.

Within the hairsprays market, Smithkline Beecham relaunched their number one hairspray brand Silvikrin, giving it a new contemporary design.

Product activity

Wella say the varied styles of the 90s make it necessary to cater for specific needs of all hair styles and hair types.

The company relaunched Shockwaves last month. Its aim was to retain the brand's heritage while creating a look which appealed to core users and a slightly older audience.

Wella also developed a colour coding system aimed at making product selection easier, and added four new products. A £3m advertising campaign runs from mid-May to November.

The V05 Flexible Hold styling range launched by Alberto Culver last month includes four products: Motion Lotion, Brush-Out Hairspray, Styling Mousse and Gel Spray. The range will benefit from a second burst of television advertising in July and August.

Helene Curtis introduced a



Shockwaves: relaunched to appeal to core users and an older audience



Poly Style: home perming will increase, say Henkel

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range of new Finesse styling products, comprising mousse and pump hairsprays. They are supporting the launch with a national newspaper campaign from June, and 50ml trial packs.

Schwarzkopf launched Once Multi Styler for Curls — a mousse, curl booster and hairspray all in one.

In the mousse sector, L'Oreal launched Freestyle "for longer hair" to satisfy the unique conditioning and styling needs of these women. For curly haired women, they launched Studio Line Hyper-Charged Pumping Curls and will be supporting it with a £1.5m television spend and £1 off promotions in July and October.

Salon quality

According to L'Oreal, there has been a trend towards more caring "salon type" formulas across a number of haircare categories, including styling products.

Helene Curtis say as well as growth in the shampoo and conditioner sectors, their Salon Selectives products are showing healthy growth in the mousse and hairspray markets. They attribute this to the fact that the quality of the products is growing consumer loyalty and high levels of repeat purchases.

More home perms?

Perms grew in value by 2.3 per cent but dropped in volume by 2.9 per cent, say Nielsen.

Henkel believe the market for home perms will grow as the recession bites deeper and consumers try to avoid the expense of salon perms. Gina Treadwell, haircare group product manager, says: "One of the advantages of marketing perms and colourants through the chemist is that expert staff are on hand to answer customer queries."

Fringe benefits

What can you recommend to those of your customers who seek alternative haircare products?

On the homoeopathic front, the Weleda range comprises: Calendula shampoo, Lemon and Melissa shampoo and Rosemary frequent wash shampoo.

BritHealth's Hymosa shampoos and conditioners contain homoeopathically prepared biochemic tissue salts and pro-vitamin B5.

Tisserand Aromatherapy's haircare collection comprises four shampoos — Melissa & Grapefruit, Sandalwood & Palmarosa, Peru Balsam & Oakmoss and Lemon & Tea Tree; two conditioners — Yarrow & Rose and Sandalwood & Myrrh; and a Hot Oil Pre-Wash Treatment.

The FSC Head High range of shampoos, conditioners and vitamin capsules is not tested on animals, and contains no perfume, no lanolin, no colour and no animal products, say Health & Diet. Ingredients are jojoba, aloe vera, vitamin E, vitamin C and D-panthenol.

Thinning out

Up to 43 per cent of men suffer from thinning hair, and many women suffer too. Revlon's Lady Nutrasome shampoo and supplement is a new two-step programme aimed at women with thinning hair, containing biotin, panthenol and mucopolysaccharides.

Romanda Healthcare's range of natural products for men and women includes Kevis, which they say penetrates the scalp feeding and activating the natural follicle to grow. Instant Hair Thickening Spray stops the scalp showing through the hair.

Romanda are offering special offers on Kevis lotion (£11 for 12), shampoo (125ml £3.10) and Romanda Instant Hair Thickener (125ml £8.90). Contact Jan Adams on 081-346 0784.

• This year's Afro Hair & Beauty exhibition is being held at the Business Design Centre, Islington on May 30 and 31.

Brush sales up

Hairbrush manufacturers report increases in sales in 1992.

Kent say total sales of their brushes were up 19 per cent, with pharmacy sales showing a 12 per cent rise. The company now has 3,000 chemists stocking its products.

Denman say sales of their products have increased by 30 per cent over the past 12 months, which they attribute largely to increased distribution through Vestric and Superdrug.

Sales in the pharmacy sector have increased, but independents are not doing as well as multiples, say Denman. UK sales and marketing manager Michael Porrelli says: "Due to our reliance on wholesalers we are unable to have as much influence on the independent sector as on the retail companies we deal with direct, so I have to say the likes of Sainsbury, Boots, Superdrug are outperforming the independents from our point of view."

He feels independent chemists may not be stocking the best lines. They tend to buy from a wholesaler who is likely to push lines on which there is most margin such as Far East imported merchandise.

Denman are planning to launch new hairbrushes in 1993, and the range will be promoted with PR activity in women's magazines.

Kent have been helping to train pharmacy staff on how best to sell and market Kent products. Stockists also receive a free merchandiser. Trade promotions are planned shortly.

The company has produced factsheets with tips on hairbrush hygiene and when to use a particular brush or comb.

Mason Pearson stress that

their hairbrushes do not need replacing every six months. They have produced a leaflet on care and cleaning to ensure owners keep their brush in first-class condition, "even after

years of use"

A copy of the leaflet can be obtained by sending a SAE to: Karen Andersen, Peter Brooks Associates, 162-168 Regent Street, London W1R 5TB.



Jackel have added cushion tip hairbrushes to their Celeste range. For deals on the revamped stand, contact Aileen Wilson on 091-250 1864

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At a well-attended seminar on pharmacy profitability organised by Hadley Hutt Computing, PSNC secretary Stephen Axon attacked the pharmaceutical Press for weakening PSNC's negotiating position

Axon points finger at pharmaceutical Press

Negotiations between the PSNC and the Department of Health were damaged by speculation in the pharmacy Press, according to PSNC secretary Stephen Axon. "There was considerable speculation within the pharmaceutical Press that the DoH was poised to introduce a professional allowance at a level well in excess of the 1,000 prescriptions per month quoted by the chairman of PSNC at the conference of LPC representatives," said Mr Axon.

"In my view, this speculation could not have done more to prepare the ground for the Department's ridiculous offer of a cut-in level of 2,000 prescriptions per month.

"Criticism has been levelled at the PSNC that the 1,000 prescriptions per month was a 'Trojan Horse'. I would suggest that there were a herd of Trojan horses galloping through the pages of the pharmaceutical Press long before the DoH made its offer."

Mr Axon said that the 1.5 per cent increase in gross remuneration will equate to a reduction in net income because expenses which pharmacists have to meet have increased far beyond 1.5 per cent.

Doctors received an 11 per cent increase in their costs allocation, while MPs received somewhere in the region of a 40 per cent increase in their costs. I am sure that we would be happy to accept no increase in remuneration if we received a 40 per cent increase in the cost element."

Turning to computerised prescription endorsement, Mr Axon said that over the years, the PSNC has worked with the DoH in trying to reduce the number of endorsements required while maintaining a fair system of payment. However, he said computers are doing a lot of endorsing which he regarded as unnecessary and which slows up the prescription pricing procedure.

"If a prescription calls for an item in category A or B, the endorsement of a manufacturer's brand or a generic manufacturer's name will be superfluous, but it will mean that the Prescription Pricing Authority will have to inform you of this unnecessary endorsement. That wastes their time and causes you concern when you receive a list of items under the general heading of 'unnecessary endorsements'."

He said he also illustrated the reluctance of the PPA to extend the provisions for notifying pharmacists of unaccepted endorsements.

Mr Axon also said the PPA

found that printed endorsements which did not align with the product supplied on the script caused problems for them. "In these cases it does make pricing slower and can reduce the accuracy of the pricing. I hope this is something that can be taken on board by manufacturers."

The facility some computer

more frequently at a lower margin than to tie up funds "which could be utilised more profitably elsewhere".

Mr Neal pointed to the advantages of keeping a stock book, and went on to argue that an EPoS system could take most of the drudgery out of a paper based system of stock control.

has moved from getting 50 per cent of stock from the wholesalers to around 75 per cent, another reflection that turnover is more important than discount.

EPoS can also help tackle shrinkage, which can be as much as 15 per cent.

"Producing a shrinkage report at least quantifies your leakage. You can also assess the accuracy of your stock checking, order technique and sales techniques by a quick reference to the shrinkage values."

However, EPoS has its weaknesses, as Dennis Ogle, the pharmacist chairing the seminar, pointed out: "I found the girls in my shops were putting garbage in and I was getting garbage out! I had to organise a complete stock take to get the system up and running again."

Leaflet blues

Tony Allen, who operates three pharmacies in Plymouth, spoke on the woes of trying to introduce the computer leaflets which the Hadley Hutt PILLS system can generate.

"We are the only country in Europe which doesn't produce information leaflets in medicines," he said. "We have up to 162 calls a day for information at our main pharmacy, partly as a result of the NPA's 'Ask your pharmacy' campaign."

There are a wide diversity of problems associated with producing leaflets. "I have been reported to the LMCs in Devon and Cornwall, the FHSAs in Devon and Cornwall and had letters from doctors," he said. "I've been knocked about quite badly."

He believed there was a "certain amount of antagonism" from GPs because of patients "being told what's what".

"But people want to know more, and leaflets tell you why in everyday language."

To overcome the problems associated with the hostility of doctors, Mr Allen suggests pharmacists write to their local GPs and try to get to a practice meeting to explain the purpose of the leaflets.

However, on the positive side, "I believe the leaflets give greater compliance, provide an explanation of the treatment and help with informing other health professional, such as dentists."

"I believe we have got to the stage where we have reduced counselling time and reduced the number of phone calls we get," said Mr Allen. At the same time, greater confidence had been established between the pharmacist and the patient.



Seminar chairman Dennis Ogle (left) with PSNC secretary Steve Axon: Mr Axon slammed speculation within the pharmaceutical Press on pay

programs offer of checking the pricing of a whole bundle of prescriptions could be a two-edged sword. "I hope pharmacists will not query prescription bundles every time their own in-house pharmacy computer differs from the price ascertained by the PPA." Hadley Hutt's system offered an improvement on this because it links the endorsement to the prescription, said Mr Axon.

Mr Axon thought the greatest benefits of computer systems are yet to come. "I believe the direct transfer of scripts to the PPA will happen in the near future. Then there will be the opportunity to go to the next stage of electronic prescriptions going to the pharmacist." However such a system would have to be audited, he said

Stock control

Peter Neal from Neals Pharmacy in Hemel Hempstead spoke on his experience of installing EPoS stock control.

"One could argue that the reason why we hold two to three months stock of an item is to achieve a bigger discount from the supplier," said Mr Neal. But he argued that because the pharmacy had to tie up funds in holding stock, it was logical to turn stock over

However, "you have to expect to spend many hours of fine tuning the system to work as you want it to work."

Nevertheless, the claim by EPoS companies that there was a one-off release of capital as a result of reduced stock holding when an EPoS system is introduced is true in Mr Neal's experience. "I've found a 15 per cent reduction in stock since EPoS, on a system I believed was cut to the bone already."

"After 12 months in operation I can say that there has been a rise in my stock held. This can be explained by a gradual reduction and phasing out of the slow movers and shelf warmers to be replaced by other lines which sell more rapidly."

Mr Neal said EPoS scores a 10 on improved marketing and sales planning.

"Armed with 12 month's detailed sales figures for a product, range or supplier you can deal very much more confidently with those difficult reps or pushy sales consultants. We are now in a position to buy what we need rather than what the rep needs to sell."

Mr Neal also found he relies more on his wholesaler to supply goods, rather than buying direct, "to my surprise".

Over two years, the pharmacy

Putting a price on good health

Health economics is a growth industry.

Professor George Teeling-Smith, the recently retired director of the Office of Health Economics, explained the rudiments of the science to the Institute of Pharmacy Management last weekend in Solihull

FHSA pharmaceutical advisers concentrate too much on the cost of prescribing rather than looking at its quality, according to Professor Teeling-Smith. This is a "retrogressive step", he said. "Just looking at PACT suggests they are wrongly motivated."

Both industry and the Government are committed to improved prescribing. There needs to be an educational programme for pharmaceutical advisers to examine prescribing that is good value for money rather than cheap prescribing, he suggested.

The idea of assessing the cost of medical treatment has progressed from the basic concept of cost benefit through cost effectiveness to embrace cost utility and the more total "quality of life approach".

The cheapest treatment, based on price alone, may not be the most effective. It only gives part of the picture. "Cost effective" means looking at which is the most economical way of achieving a similar outcome. The cost of drug therapy needs to be compared with the savings made on other medical costs.

For example, the average cost of treatment does not equate with the savings per day. Initial costs of treating a patient in hospital are generally high. There might be the cost of an operation, or therapy might be more intensive.

As the patient recovers and receives minimal "bed rest" treatment the cost of care levels out at a low, flat rate.

Emptying the bed earlier may not save money, since it will be filled with another "expensive phase" patient. However, it does utilise the space more effectively. Thus a cost utility study might show, over a given period:

No. of patients treated	1	3
Average cost	£x	£2x
Cost per patient	£x	£2/3x

Quality of life can also be put into the equation, using either a health profile or a health index. The health profile builds up a picture using parameters such as sleep quality, emotional and social isolation, physical mobility, etc.

A health index uses graded defined health states, each of



Professor George Teeling-Smith

which is given a score. European health economists have recently agreed "Euro Quol" standard health index.

An extension of the health index approach is the "quality adjusted life year (QALY), a more controversial approach which has been proposed in the US as a means of determining whether patients should be treated under the state Medicaid programme.

"Pharmaceutical interventions tend to be very cost effective compared to expensive surgical procedures," said Professor Teeling-Smith.

There is a danger that NHS hospital trusts may choose or prefer to do operations that are uncomplicated and provide good profit for the hospital. It is up to RHAs to ensure that surgical lists are not manipulated to boost hospital income.

Answering a question at the end of the meeting, Professor Teeling-Smith warned that "there is a feeling abroad that pharmacists do not make a major contribution to healthcare in this country".

This was partly the fault of the profession and its Council, and partly due to one of the multiple groups which seems to be going in the "wrong direction" in terms of pharmaceutical care.



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SB to make changes at the top

Changes to the top management at Smithkline Beecham, planned for next April, were announced to shareholders this week.

Chairman Henry Wendt, 59, and chief executive Bob Bauman, 62, will retire following the 1994 annual general meeting.

Non-executive chairman designate is Sir Peter Walters, chairman of Midland Bank and former chairman of British Petroleum. He has been on the board of directors at SB since 1989. Jan Leschley, chairman of SB Pharmaceuticals since 1990, will take over as chief executive.

Henry Wendt and Bob Bauman planned the merger of Smithkline Beecham and Beecham in 1989. They have been credited with turning around the fortunes of two companies that were "also-rans" in the industry.

But right from day one, with both men nearing retirement age, there were plans for a new leadership team to take over after initial objectives had been met. Four years on, SB say they have made significant progress towards their strategic goals.

The transition, they say, has been carefully planned to ensure

continuity and focus are maintained. And according to Bob Bauman: "By announcing these changes 12 months prior to implementation, we have the time to work closely with Sir Peter and Jan to ensure a smooth, thoughtful transition for our customers and employees around the world."

In the next 12 months both men will be looking at their options for the future, an SB spokesperson told *C&D*.

Dr Jean-Pierre Garnier, president of the company's pharmaceuticals operations in North America, has been appointed executive vice president and will succeed Jan Leschly in the UK next April.

Boots buy into Europe as share price dives

Against the shock announcement that Manoplax may have significantly increased the risk of death in some patients, Boots have announced the purchase of two European OTC companies.

Boots OTC arm, Boots Healthcare International (BHI), have bought La Soci t  Francaise du Triclocarban SA (SFTCC) in France and Marco Viti Farmaceutici SpA in Italy. They are paying £14.5 million for the businesses.

In a statement, Boots say that the businesses of both companies will compliment BHI's growth strategy of developing Pan-European brands in its core product areas: Skincare, analgesia, coughs and colds, and eyecare.

In France, Boots' Strepsils is believed to be the leading OTC throat remedy and Nurofen is also a successful brand. Now the SFTCC skincare products are to be promoted as OTC products. These include Nobacter, a shaving foam for sensitive or injured skin and Solubacter, a medicated wash based on the triclocarban antiseptic.

The products had an annual sale of F44m (£5.1m) last year.

Marco Viti is described as an established Italian OTC business. In 1992 sales were L10.5 billion (£4.4m). Boots plan to combine this company's wide range of products with Strepsils, Nurofen and Optrex to create a stronger presence in the Italian market.

The managing director of BHI, Barry Clare, said: "These businesses will help us to develop in Europe and they fit exactly into our chosen portfolio."

● Following a warning about the safety of their heart drug Manoplax, Boots shares plummeted 29p to 464p. Boots have published preliminary studies showing that heart patients receiving a dosage of 100mg a day have a significantly increased risk of death.

Sale of businesses hit by new employment rule

Employees will be able to claim constructive dismissal if their employer sells his business and transfers their employment contracts, according to the Federation of Small Businesses.

A report in the FSB magazine *First Voice* outlines a decision by the European Court of Justice giving employees the right to refuse the transfer of employment contracts to a new employer in the event of a business being sold.

"The recent ruling could have serious implications for small

business owners, particularly those planning to sell and retire," says the report's author Fiona Shipp.

The major concern is that employees could consider the sale of a business as equivalent to being made redundant, and make a constructive dismissal claim. This would result in considerable financial outlays for employers hoping to use the sale proceeds to fund a pension, she said.

The Government is to be informed about the FSB's anxieties.

Wellcome lose Trivax appeal

Wellcome have lost their appeal against a High Court ruling that their whooping cough vaccine Trivax caused brain damage in 23 year old Kenneth Best, who has a mental age of two.

The High Court in Ireland is yet to decide what level of damages to award Margaret Best, Kenneth's mother. The Supreme Court upheld its decision that pertussis vaccine could cause brain damage and that Wellcome had been negligent in releasing an inadequately tested batch of vaccine that exceeded the recommended limits for potency and toxicity. It also decided that the vaccine caused Kenneth's brain damage.

A report in last week's *Sunday Times* speculates that the case may give new hope to hundreds of parents of brain-damaged children frustrated by the difficulties of proving the vaccine was to blame. And, it says, it is likely to renew resistance to having children vaccinated against whooping cough.

Welcome say it is widely accepted that pertussis-containing vaccine is not responsible for brain damage.

Wellcome believe that the court's damages assessment will not have a material adverse effect on the Group's financial position.

Dial Bayer

Bayer Diagnostics have installed direct dial phone lines for their sales office and clinical diagnostic support group. The numbers are: 0635 566210 and 0635 566211 respectively.

More money for small firms

Some of the improvements to the Loan Guarantee Scheme announced in the March Budget which will allow small firms to borrow more money are to come into effect on July 1.

Small Firms Minister Baroness Denton said this week that businesses trading for at least two years will be able to borrow up to £250,000, with the level guaranteed by the Government raised to 85 per cent of the loan.

The amount that can be borrowed for small loans will be raised to £30,000, with the application process greatly simplified.

Lenders will not need prior approval of the guarantee from the DTI before application, enabling them to meet the customer's need more quickly.

Baroness Denton welcomed the early implementation of these measures, saying: "The package offers encouragement for businesses to take action now to increase their production, sales and employment."

She called on banks and other lenders to boost the scheme and use it positively.

● Other changes announced in the Budget include reducing the premium payable on new fixed rate loans from 2.5 per cent on the guaranteed portion to 0.5 per cent on the whole loan and to 1.5 per cent on new variable rate loans, and further reducing the premium payable to new borrowers in inner city areas from 1 per cent on the guaranteed portion to 0.5 per cent on the whole loan.

ABPI president calls on Heseltine to help industry

President of the Board of Trade Michael Heseltine has been warned that the pharmaceutical industry — a £9 billion balance of payment contributor in the '80s — could be liable to suffer the "Sirius effect" if it does not receive help from both the Board of Trade and its sponsor, the Department of Health.

Stewart Siddall, president of the Association of the British Pharmaceutical Industry, told Mr Heseltine that both Sirius and British industry could be disintegrating now, although their light can still be seen. Like Sirius, the British pharmaceutical industry is the "brightest star" that can be seen on earth, but because Sirius' light takes eight years to reach the planet it might even now be no more. "The position of our industry may be the same," says Mr Siddall.

"Our international vigour by the year 2000 will largely be determined by today's environment... which is not shaping up well in the '90s."

Mr Siddall said the ABPI would have liked to have seen a greater level of UK Government support for the EC initiative on patent



The president of the Association of the British Pharmaceutical Industry, Stewart Siddall (right), and the director John Griffin (left), pictured with the chief guest and speaker at the ABPI annual dinner, president of the Board of Trade Michael Heseltine and his wife

term restoration. "In the event, we were disappointed."

However, the real bombshell which will damage the industry was the DoH's extension of the Limited List when the Pharmaceutical Price Regulation Scheme was being renegotiated. Mr Siddall said industry would not know the extent of the damage till the year end "but damaged, Mr President, companies will be".

Mr Siddall described the DoH as being at "the trailing edge" of sponsorship. "By sponsorship we

do not mean subsidies. We do not mean handouts. We do not mean the lessening of the current controls on every aspect of our business.

"We do mean a stable and predictable environment," Mr Siddall said. "We do mean no surprises, such as the Limited List announced last November. We do mean co-operation, not confrontation."

For his part Mr Heseltine gave a run down of Board of Trade activity to stimulate industry in general.

John Richardson to appeal

John Richardson Computers have decided to appeal against the High court judgement on their copyright dispute with Chemtec.

In the judgement, which was technically a qualified verdict in favour of JRC (*C&D* Feb 27, p373), the judge said he accepted that Timothy Flanders and Chemtec were not guilty of any deliberate breach of copyright.

Moreover, the judge ruled that JRC must pay 70 per cent of their own costs and 60 per cent of those of Chemtec.

There is still to be an inquiry into what damages JRC should receive, but these are expected to be minor.

JRC have decided to contest the extent of copyright infringement decided by the judge, the order relating to costs and the inquiry into damages suffered by Chemtec as a result of restrictions placed on them by the courts in 1990.

JRC contend that the judgement of the court found that a substantial part of JRC's software had been copied, although it was decided that any copyright infringement was relatively minor. It is this point on which JRC intend to base their appeal.

Evans bow out of generics

Evans Medical have spelled out their future plans in the generics market. "When the present stock of Evans' labelled products is exhausted, the Evans label will no longer be used to supply the UK market with unbranded generic products," says an Evans statement.

It means that Evans will no longer continue to sell generics produced by Norton under the Evans label.

The company say they plan to continue to operate as an ethical company operating in three key areas. These are:

- The supply of branded ethical products to retail pharmacy and hospitals
- the supply of childhood and adult vaccines to GPs, retail pharmacists and hospitals
- the supply of a range of injectables.

96 pc uptake for Medeva share offer

Acceptances have been received for over 96 per cent of new ordinary shares offered by Medeva under a Rights Issue, and subscribers have been found for the remainder.

Of 54,069,685 shares issued at 180p per share, acceptances were received in respect of 52,003,847, some 96.2 per cent of the total.

De Zoete & Bevan and Credit Lyonnais Laing found subscribers to acquire the 2,065,838 shares for which acceptances were not received at a premium of about 29.5p per share (net of expenses) to the Rights Issue price.

This will be distributed *pro rata* to entitled shareholders, apart from amounts of less than £3 that will be retained for Medeva.

Kodak to sell direct

Kodak are to resume responsibility for the sale of their products to independent pharmacy.

The company's Sterling Health subsidiary, who for the past five years have sold Kodak products to pharmacies on Kodak's behalf, are to concentrate on their core business areas. Future orders for the Kodak range should be placed with either the company's own reps or through wholesalers.

Kodak have installed a helpline to assist with inquiries. The number is: 0442 844110.

Coming Events

Wednesday, May 5

Sheffield Branch, RPSGB, at the Jessop Hospital, 8pm. Annual general meeting, a working dinner.

Cardiff and South Glamorgan Branch, RPSGB, at the seminar room, Redwood building, UWCC, 7.30pm. Annual general meeting.

Northern Scottish Branch, RPSGB, at Rollerbow, Culduthel Road, Inverness, 7pm. Ten-pin bowling competition.

Advance information

Vantage Retail Training Evenings on pregnancy testing to be held in Woburn on **May 5**, Watford on **May 6** and Stoke-on-Trent on **June 3**. For details contact local branch or Vantage representative.

Legal and Regulatory Developments in the Pharmaceutical Industry — The 9th annual drug law symposium on **June 10**, at Selfridge Hotel, Orchard Street, London W1. Details from Christina Jackson, IBC Technical Services (tel: 071-637 4383).

Regulatory Issues in Biotechnology, a conference to be held on **June 3** at Hyatt Carlton Tower Hotel, London SW1. Details from Mrs Brenda Jackson, conference secretary (tel: 0276 473363).

Department of Pharmaceutical Sciences, RPSGB. Two and a half-day intensive residential course on validation of solid dose pharmaceutical products on **June 7-9** at the Holiday Inn Hotel, York. Details from Dr J. A. Clements, RPSGB, London SE1, (tel: 071-735 9141, ext 289).

EuroShop '93 exhibition, **June 12-16** in Dusseldorf. Details Eva Rugenstein, Press Office. (Tel: Int. +49 211 4560-541).

College of Pharmacy Practice, study day entitled "Standards in Pharmacy Practice" on **June 16** at RPSGB, 1 Lambeth High Street, London. Details from Mrs Jill Ross at the College of Pharmacy Practice (tel: 0203 692400).

National Association of Health Authorities and Trusts, Annual Conference and Exhibition **June 15-18** at the Bournemouth International Centre. Details, Conference Action Bournemouth. (Tel: 0202 2935468).

Department of Pharmaceutical Sciences symposium on packaging for the patient, on **June 21**, at RPSGB headquarters. For details contact RPSGB.

Nursing Times Staff Nurses' Conference June 22-23, Spa Complex, Scarborough. Details Pippa Burnett. (Tel: 071-836 6633).

International Symposium of Medicine. 14th World Medical Games, **June 27 to July 3** at Saint-Malo, Brittany. Details from J.M.M. c/o Protocom, 4 Rue Cherubini, 75002 Paris, France. (Tel: 33-1 42605764).

Aroma '93 Conference. Aromatherapy event of the year **July 2-4** at Sussex University. Details from Judith Skyner, conference co-ordinator. (Tel: 0273 772479).

The Society of Drug Research, jointly with the Italian Chemical Society **July 14-16** at Queens' College, Cambridge. Details, tel: 071-581 8333).

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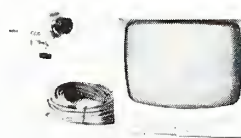
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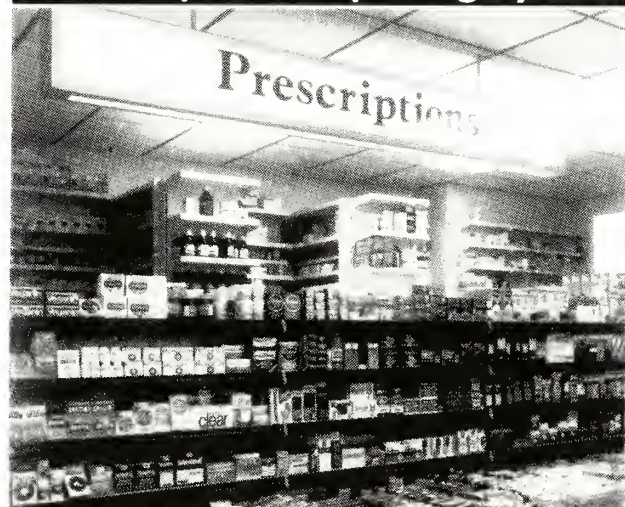
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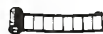
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Chloe EDT 30ml Spray	10.21	16.00	25%
Coty Laimant EDT 50ml Spray	3.88	9.99	55%
Dune EDT 15ml Spray	13.50	19.50	
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BURNLEY - Manager required for local community pharmacy. Can wait for right applicant. Accommodation available. Tel: 0282 425860 or 0282 33967.

LOCUM

READING, BERKS - Locum required July 12-August 14. Tel: 0734 472464.

NOTTINGHAM - Locum required for evening work 6pm-9pm for one or more days a week on regular basis plus all day Saturday 7pm-9pm. Tel: 0602 480658.

EAST DULWICH - Pharmacist required to work on alternate Sundays. Tel: 081-693 3652.

LONG EATON, NOTTINGHAM - Pharmacist required urgently for regular Monday locum cover. Full or half day negotiable. Easily run shop with pleasant staff. Telephone Lisa Culpeck on 0602 733273.

SE LONDON - Locum required for odd days 9am-7pm. Pleasant conditions. Tel: 081-692 3725.

PHARMACY ASSISTANTS

ST. AGNES, CORNWELL - Senior assistant required to manage retail side of friendly Cornish village shop. Mature person with relevant experience. Salary by negotiation/ accommodation available. Closing date 14 May 1993. Tel: 0872 553439 (eve).

SITUATIONS VACANT

NORTHAMPTON - Anywhere within 1 hour's drive. Emergency pharmacist/locum Sunday specialist. Telephone Nigel Morley on 0604 832202 or 0831 363736.

ROMFORD, ESSEX - Sales staff required (full or part time), dispensing experience not essential. Phone after 8pm Mr B Panchal on 081-886 2056.

SITUATIONS WANTED

NW LONDON/HERTS - Experienced, reliable locum available for days/part days. Also on regular basis.

HARROW/WEBBLEY - Dispenser available for Saturdays. Please ring 081-427 3318.

SURREY/SUSSEX - Experienced retail pharmacist, keen interest in computers, just back in UK, seeks something a bit out of the ordinary. Preferably not 9-6 routine. Any suggestions? Tel: 0293-521720 after 3 May Mr V Loughran.

ESSEX/SUFFOLK/LONDON - Community pharmacist available 3, 8, and 22 May 1993. Please tel: 0255 672845 (work). Mr S Nikjoo.

N/NE/W LONDON/HERTS/N ESSEX - Experienced locum pharmacist available. Tel: 081-445 1861. Mr M Brazil.

NORTH/WEST YORKSHIRE - Experienced locum pharmacist now taking bookings from 4 May onwards. Contact Colin Eccles on 0943 877319.

GREATER MANCHESTER - Young, highly-experienced, enthusiastic ex Director available from June for short/long term locums and/or managerial posts. Please ring Sue Gettins on 061-789 4519 (eve) or 0257 256205 (day).

MANCHESTER AREA - Young, experienced pharmacy technician accustomed to heavy dispensing, paperwork, merchandising etc. seeks interesting short/long term positions. Hospital and other areas considered. Please telephone Tracey Bowen on 061-707 4419 (eve).

LONDON - Friendly, enthusiastic locum pharmacist available for Monday bookings only. Tel: 081-992 7035 (eve), 0893 951629 (direct page).

WARWICKSHIRE/WEST MIDLANDS - Experienced and adaptable locum available for both long and short term duties. Contact 0203 504155 for details.

EXCESS STOCK

TRADE LESS 25%+VAT - 9 Konakion amps; 3 Calcium leucovorin vials; 100 Dindevan 25mg tab; Convatec S 242x1 box. Tel: 0322 526470.

TRADE LESS 50%+VAT - 50 Doloxene com (exp 5/93); 200 Mintec (exp 11/93); 30 Dytac (exp 4/93); 80 Mysteclin (exp 6/93); 13 x 2 Picolax (exp 10/93); 100 Moditen 5mg (exp 11/93). Tel: 071-724 8698.

25+VAT - Imigran inj refill pack (exp 9/93). Tel: 061-370 1626.

TRADE LESS 30%+VAT+POSTAGE - Hollister 716/3, 331/5, 322/5; Simpla leg bags 370802, 370817. Tel: 021-770 3196.

TRADE LESS 25%+VAT - 3 x 6g Sandoglobulin i/v infusion. Tel: 081-886 0917.

TRADE LESS 50%+VAT+POSTAGE - 84 Lederfen F (exp 6/93). Tel: 0963 250259.

COST LESS 40%+VAT+POSTAGE - 250 Atromid S 500mg, 6 x 21 Ovran 30; 3 x 60 Destolit 150mg; 3 x 56+14 Molipaxin 100mg; 260 Ismelin 10mg; 2 x 30 Diumide-K. All well dated. Tel: 0742 343615.

SANDOSTATIN 5 x 5 x 1ml amps 500mcg/ml. Tel: 0480 214355.

TRADE LESS 50%+VAT+POSTAGE - Convatec S363 3 x 10; Convatec S247 1 x 5; 100 Megace 40mg (exp 5/95); 3 Predfoam (exp 1/94); 8 Multiload Short CU250 iud. Tel: 0279 422909.

PREDFOAM, Nimotap, etc. New list, to clear at up to 50% off. Tel: 0294 74533.

TRADE LESS 20% - Lamactil 50mg 2 x 56; Brita filter 45 each. Less 40% Surgicare S242. Tel/fax: 0509 234231.

TRADE LESS 25%+VAT+POSTAGE - 5 x 30 Hollister 4113. Tel: 0929 422115.

TRADE LESS 30% - (50% on short dates). 230 Mepacrine; 100 Orap 4mg (exp 5/93); 60 Naprosyn 500 LE; 60 Tambacor; 3 Oestradiol implants; 2 Testosterone implants; 84 Epanutin 300mg caps. Tel: 0206 298267.

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25% DISCOUNT Zovirax shingles treatment packs; Alrheumat caps (2 x 100), trade less 30% Tel: 0622 882386.

TILADE INJ 7/93, 10/93, not mint. 50% for swap with your excess stock plus others. Ring John Sugarman on 0482 54260 or fax 501792.

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IBM VDU Personal System II Monochrome display; IBM keyboard; IBM disc loader 8530. Personal System II Model 30. £250.

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NOMAD TRAYS - as new less 20% Tel: 0706 627871.

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NEWS HAIR WAX - any quantity; Aminogram food supplement; Aminogram mineral supplement; Recormon 2000S inj. Tel: 071-226 8409.

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Because demand for free Business Link entries exceeds the space available, subscribers are asked to comply with the 30-word limit. To avoid delay in publication, please ensure that brand and drug names have the correct spelling and that the text is legible.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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To be included under section Heading

Signed Date

Aboutpeople



Be smart!

Smart cookies don't burn — or not when they are wearing the right headgear.

The latest Pharmacy Healthcare Scheme campaign was given a celebrity launch last Sunday at the Oval Cricket ground by cricketer Allan Lamb, who has recently recovered from skin cancer, and Blue Peter presenter Anthea Turner. The campaign is being funded by the Health Education Authority and Crookes Healthcare.

Pictured above (left to right) are the National Pharmaceutical Association's Collette McCreedy; C&D Publisher Ron Salmon; Blue Peter presenter Anthea Turner; the Gingerbread Man (the campaign mascot); Northants cricket captain Allan Lamb; PHS chairman Roger Odd; campaign co-ordinator Gayle Walker; and PHS committee member Digby Emson of Boots.

Getting to the church...

Alan Smith FRPharms, director of the British Generic Manufacturers Association, and Sally Toms were married on April 16 at Dunkeld, Perthshire. However, the bride and groom were nearly upstaged by one of the guests, Neville Trotter, the Conservative MP for Tynemouth.

Travelling north on the day of the rail strike, he met the Shadow Chancellor Gordon Brown on the plane to Edinburgh, who was charitable enough to offer a lift as far as the Forth Road Bridge.

There the 61 year old MP stuck out his thumb and waited. He was eventually picked up... by a waiting railman. The discussion of the way north was varied, but after, we understand, avoiding mentioning his political allegiances.

C&D Editor in a cut-throat business for charity



Colgate Palmolive's chemist development manager Michael Bealing admires the freshly shaven cheeks of John Skelton, C&D's Editor, uncovered for the first time in over 20 years. Any company or subscriber wishing to add to the £1,500-plus already raised by C&D for charity may send cheques, made payable to the Paul O'Gorman Foundation, to C&D, Benn Publications Ltd, Sovereign Way, Tonbridge TN9 1RW. Thankyou!

Possibly the only thing pop star Paul Young, football genius George Best, and *Chemist & Druggist* Editor John Skelton had in common until this week was their sex and their beards. As of Monday the only common denominator is their sex!

All three have had their beards shaved off, courtesy of Palmolive for Men, to benefit the Paul O'Gorman Foundation for Children with Leukaemia, which Colgate Palmolive are sponsoring with a national Shave-a-thon, launched on Monday.

The charity has received a £50,000 cash donation from the

company before a whisker was shaved off.

Colgate managing director John Reid says: "There will be a Shave-a-thon in pubs, clubs, offices, and bathrooms all over the country. It's a marvellous opportunity for people throughout the country to have a lot of fun and raise money for a great cause."

Eddie O'Gorman, founder of the charity following the death of his son six years ago, says: "Despite major advances in research and the treatment of children with leukaemia, over one third of them are still dying."

APPOINTMENTS



Ian Gerrard joins the *Chemist & Druggist* team this week as Advertisement Manager. After passing an HND in business studies, Ian went on to gain extensive management experience on a number of consumer and business-to-business magazines. Most recently he was with *New Civil Engineer*, the market leading title for the construction industry. Frances Shortland has been promoted to Group Advertisement Director.

Gareth Spurgin has taken over from K. S. Kali-Rai as secretary for the NPA's Birmingham & District Branch.

Mel Brewer has been appointed as the National Office of Animal Health's chairman for 1993-94. **Dr Bob Pickles** is the new vice-chairman.

The new chief executive of Oxfordshire FHSA will be **Miss Irene Borgardt**.



Mrs Mary Gwillim-David has been re-elected as president of the National Association of Women Pharmacists. **Mrs Pat Hoare** was elected vice-chairman. At the recent NAWP weekend were (back row left to right): Paul Spencer, head of the Welsh School of Pharmacy; Michael Barnett, chairman of the Welsh Executive; David Coleman, RPSGB president; David Temple, director for the Welsh CPPE; George Plunkett, general manager of West Glamorgan FHSA; Mrs Coleman, Rachel Barnett, and NAMP committee member Peggy Baker. Front row (left to right): Avril Spencer; Valerie Pearce, mayoress of Swansea; John Birss, the Lord Mayor; Mary Gwillim-David, NAWP president; Cherrie Temple, secretary and Pat Hoare, vice-chairman.

Overnight success



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Indications: For the symptomatic relief of constipation. **Presentation:** Brown, circular chewable tablets containing the active constituents Yellow Phenolphthalein USP 120mg and Rhubarb Powder BP 27.5mg. **Dosage and Administration:** Adults and children over 12 years - half to one tablet to be taken daily at bedtime. Not recommended for children under 12 years. The tablet may be chewed or crushed and taken with the aid of water, milk or fruit juice. **Side Effects:** Phenolphthalein - Abdominal cramps may occasionally occur. Allergic reactions have been reported. Cardiac and respiratory distress have also been reported. It has occasionally caused albuminuria and the presence of free haemoglobin in the urine. **Precautions:** Prolonged use should be avoided - the warning "If Laxatives are needed every day or there is consistent abdominal pain, consult your doctor" is included on the pack. **Pack sizes** Available in packs containing 12 or 30 tablets. RSP: £1.32 for 30 tablets, 95p for 12 tablets. P.L. Number: 0249/5052 R.

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- 1 sheet posters placed near retail chemists where possible
- wide range of in-store promotional and display materials
- to order promotional materials call 0403-272827 and ask for Andrew Inkorn

